

ROUTING SLIP FOR INVOICES

DATE May 17, 2018

CONTRACTOR Family Values

CFMS 2000234086

MONTH OF SERVICE April 2018

TO Shropshire

INITIAL REVIEW NS

DATE 06/05/18

FSPS2 REVIEW _____

DATE _____

Program Manager 1/2 _____

DATE _____

POSTED TO SPREADSHEET 06/06/18

SENT TO FISCAL _____

EQUIPMENT TO BE TAGGED? _____

ADVANCE RECOUPMENT? _____

COMMENTS:

5,739,944.00 given FY

Norman Shropshire

From: Norman Shropshire
Sent: Friday, June 08, 2018 8:52 AM
To: 'barbarat@family-values.org'
Cc: 'talishad@fvri.org'; 'latoshai@fvri.org'; Norman Shropshire
Subject: April 2018 Invoice
Attachments: image2018-06-08-072306.pdf

Good Morning,

Attached is a copy of the April 2018 invoice for your record.

Contact me if you have any questions.

Thank You

Norman Shropshire
ES Program Consultant
Dept. Of Children And Family Services
627 N. Fourth St.,5-315
Baton Rouge, LA 70802
Norman.Shropshire@la.gov
Phone (225)219-2742
Fax (225)342-2536



Economic Stability
Division of Programs
627 North 4th Street
Baton Rouge, LA 70802

(O) 225.342.4051
(F) 225.342.2536
www.dcfsls.gov

John Bel Edwards, Governor
Marketa Garner Walters, Secretary

Date 06/06/2018

MEMORANDUM

TO: OM&F Fiscal
Contract Payments

FROM: Dora Thomas 
Program Manager

RE: Invoice for payment
PO # 2000234086

Contractor Name: Family Values Resource Institute

Please find attached an invoice for payment.

If you have any questions, contact: Norman Shropshire (225) 219-2742.

Attachment





DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Cost Reimbursement Invoice Form

Received
MAY 17 2018
DCFS
Economic Stability

Family Values Resource Institute, Inc.
Contractor Name
 7515 Scenic Highway
Mailing Address
 Baton Rouge, LA 70807
City, State, Zip
 - Barbara Thomas / 225-359-9001
Contact Person/Telephone Number

APRIL 2018
Service Period
 2000234086
Contract/CFMS#
 234086-0418
Invoice Number

EXPENDITURES

EXPENDITURE CATEGORY (A)	APPROVED BUDGET (B)	CURRENT PERIOD EXPENDITURES (C)	PRIOR PERIOD EXPENDITURES (D)	CUMULATIVE EXPENDITURES (E)	REMAINING CONTRACT BALANCE (F)	COST SHARING (G)
PERSONNEL	\$172,500.00	\$14,375.00	\$129,374.93	\$143,749.93	\$28,750.07	
FRINGE BENEFITS	\$22,235.25	\$1,099.68	\$10,427.53	\$11,527.21	\$10,708.04	
TRAVEL	\$1,000.00	\$0.00	\$782.90	\$ 782.90	\$ 217.10	
OPERATING SERVICES	\$52,564.75	\$3,221.31	\$35,143.94	\$38,365.25	\$14,199.50	
SUPPLIES	\$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	
PROFESSIONAL SERVICES	\$63,900.00	\$4,309.72	\$43,470.91	\$47,780.63	\$16,119.37	
OTHER CHARGES	\$216,000.00	\$27,400.00	\$140,800.00	\$168,200.00	\$47,800.00	
EQUIPMENT/ ACQUISITIONS	\$1,000.00	\$0.00	\$1,000.00	\$1,000.00	\$ 0.00	
INDIRECT COST	\$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	\$0.00
TOTALS	\$529,200.00	\$50,405.71	\$361,000.21	\$411,405.92	\$117,794.08	\$ 0.00

Contractor Certification

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract.

Barbara Thomas
 Signature of Authorized Contractor Representative and Title

5/15/18
 Date

FOR DCFS USE ONLY

DCFS Invoice Number	Org <i>7274</i>	Obj <i>3740</i>	Rep Cat <i>5071</i>	Sub-Obj <i>(23) Line 2</i>	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV
Program Compliance Approval	I certify that the expenditures have been reviewed in accordance with contract and program guidelines and deliverables have been received.				
	<i>Dea Roman Program Manager</i> Signature and Title of Authorized DCFS Official				<i>6/7/18</i> Date

DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Cost Reimbursement Invoice Form

FINANCIAL REPORTING INSTRUCTIONS

Column A - Expenditure Category – Enter the expenditure categories required by the contract.

Column B – Approved Budget – Enter the approved budget for the current contract term for the budget categories approved in the contract.

Column C – Current Period Expenditures – Enter the expenditures incurred and paid for the current reporting period.

Column D – Prior Period Expenditures - Enter the cumulative expenditures reported and reimbursed for all periods prior to, but not inclusive of the current reporting period.

Column E – Cumulative Expenditures To Date – Enter the total costs to date. Cumulative Expenditures To Date equals Current Period Expenditures + Prior Period Expenditures. (Column E = Column C + Column D)

Column F – Remaining Balance – Enter the difference between the Approved Budget Amount and the Cumulative Expenditures To Date. (Column F = Column B – Column E)

Column G – Cost Sharing – The portion of the project costs not borne by DCFS in the form of Local Costs, Matching Funds or In-kind Contributions. If applicable Cost Sharing requirements must be in accordance with the approved contract.

Personnel – Salaries and wages provided for all persons directly employed by the contractor.

Fringe Benefits – Employment benefits in addition to salaries and wages (i.e., health insurance, retirement, FICA, Medicare taxes, etc.)

Travel – Expenditures for training and travel for contract related purposes as authorized in the contract and in accordance with State of Louisiana Travel Policies and Procedures (PPM 49) unless otherwise stated in the contract such as, registration fees, mileage, meals, lodging, etc.

Operating Services – Expenditures, other than personal or professional services, required in the operation of the contract. Operating services include, but are not limited to, expenditures such as advertising, utilities, telephone services, printing, insurance, maintenance, rentals, dues and subscriptions, and communication services.

Supplies – Expenditures for articles and commodities which are consumed, to be consumed, or materially altered when used in the operations of a business.

Professional Services – Expenditures for services provided in specialized or highly technical fields by sources outside of the contractor. Professional services include accounting and auditing, management consulting, engineering and architectural, legal, medical and dental.

Other Charges – Expenditures peculiar to a contractor and not otherwise chargeable to another expenditure category. Expenditures for other charges must be identified and approved in the contract and budget documents.

Equipment/Acquisitions – Tangible assets purchased for use in the operations of an office such as office machines and furniture. Costs include purchase price, delivery charges, taxes, and other purchase related costs.

Indirect Costs – Generally, indirect costs are defined as administrative or other expenses that are not directly allocable to a particular activity or project; rather they are related to overall general operations and are shared among projects and/or functions.

DEPARTMENT OF Children and Family Services
OFFICE OF FAMILY SUPPORT MONTHLY BILLING FORM
Alternatives to Abortion

CONTRACTOR: Family Values Resource
Institute, Inc.
ADDRESS: 7515 Scenic Hwy.

CFMS: 2000234086

Rep. Cat. 5071
Org. 4274

Baton Rouge, LA 70807

MONTH AND YEAR OF
SERVICE:

APRIL
2018

CONTACT PERSON: Barbara Thomas

PHONE: 225-359-9001

COST REIMBURSEMENT: Personnel Services

Staff:	Project Director	\$ 3,750.00
	Project Adm.	\$ 2,333.34
	Educ. Specialist	\$ 2,083.33
	Compliance Coordinator	\$ 2,041.67
	Data Entry Specialist	\$ 2,083.33
	Client Svcs. Coord./Care Provider	\$ 2,083.33
	Fringes	\$ 1,099.68
	SUBTOTAL	\$ 15,474.68

OTHER EXPENSES:

Rent	\$ 1,200.00
Utilities	\$ 0.00
Printing	\$ 135.88
Copier Lease	\$ 196.90
Travel	\$ 0.00
Postage	\$ 206.96
Office Supplies	\$ 0.00
Service Provider Trn.	\$ 0.00
Telephone	\$ 250.00
Internet	\$ 75.00
Online Client Database	\$ 455.00
Accounting/Bookkeeping Services	\$ 2,609.72
Subcontractors	\$ 27,400.00



WHITNEY BANK

P.O. Box 4019 Gulfport, MS 39502



Page: 1 of 1

Statements Dates

04/01/2018 - 04/30/2018

Return Service Requested

Account Number:

1 110000 001
FAMILY VALUES RESOURCE INSTITUTE INC
RESTRICTED FUNDS
P O BOX 74403
BATON ROUGE LA 70874

Images:

0

***ZERO CHECKS* E0**

**EFFECTIVE 5.25.18 THE BANK WILL NO LONGER SELL TRAVELERS
 CHEQUES. SPEAK WITH YOUR BANKER ABOUT OTHER ALTERNATIVES.**

******* CHECKING ACCOUNT SUMMARY *******

Checking Account Summary

PREVIOUS BALANCE	AVERAGE BALANCE
+ 5 CREDITS	
- 4 DEBITS	YTD INTEREST PAID
- SERVICE CHARGES	
+ INTEREST PAID	
ENDING BALANCE	

******* CHECKING ACCOUNT TRANSACTIONS *******

• Deposits and Other Credits

Date	Amount	Description	Date	Amount	Description
------	--------	-------------	------	--------	-------------

11000000120

• Other Debits

Date	Amount	Description	Date	Amount	Description
4/13 payroll	6,800.08	PAYROLL PAYCHEX INC. 018101003479113CCD	4/30 payroll	6,800.12	PAYROLL PAYCHEX INC. 018116006411606CCD

• Balance By Date

Date	Balance	Date	Balance	Date	Balance
------	---------	------	---------	------	---------

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

When you provide a check payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or, to process the payment as a check transaction.

Handyline Information

Interest Charges: Interest Charges have been computed on your Handyline Account by applying each Daily Periodic Rate disclosed on the face of this statement to the Daily Balance of your Account over the current billing cycle, and then multiplying the resulting product by the number of days in the billing cycle. The Daily Balance of your Account has been computed by totaling the "Closing Principal Balance" of your Account for each day of your billing cycle and dividing the resulting total by the number of days in the billing cycle.

Provided you have not made at least the minimum payment due within fourteen days of the statement date:

- You have the option to make additional payments in excess of the minimum payment on your Handyline Account in any amount and at any time, thus reducing your exposure to additional interest charges. Payments should be mailed to: Lending Services, P.O. Box 4020, Gulfport, MS 39502, Attn: Handyline. Payments we receive at the above address by 10:00 A.M. will be credited to your Handyline Account as of the date of receipt. Handyline payments made at other bank locations will be promptly credited to your Account, but in no event longer than five (5) days after receipt.

If you think there is an error on your statement, write to us at: Hancock Bank/Whitney Bank Lending Services, P.O. Box 4019, Gulfport, MS 39502-0420.

- You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. Hancock Bank customers may call us at 1-800-448-8812 and Whitney Bank customers may call us at 1-800-844-4450, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.**

- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Check# or Transaction Type (Ex. ATM/Debit)	Transaction Amount (Dollars-\$)
TOTAL	

1. Bank Balance as shown-this statement	\$	
2. Record Deposits Not Credited	\$	
During This Statement Cycle	\$	
	\$	
3. Add Total of Deposits Not Credited	+	\$
4. Subtract Total Outstanding Checks/Debits	-	\$
5. Balance	=	\$

This balance should agree with your checkbook balance. Remember to deduct service charges/fees (if any) shown on your statement this month.

Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Allison Davis

Month/Year: Apr-18

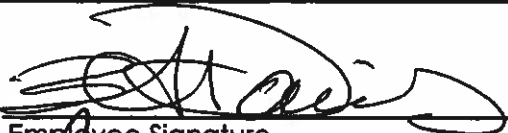
Provide a breakdown of your responsibilities for this month. Keep in mind:

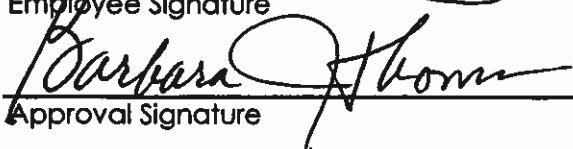
1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project:		LA Alliance For Life
<i>List Major Work Performed</i>		% of Time
prenatal Classes		55%
scheduled prenatal classes over the phone		45%
Total % of Time on Project:		100%

Sponsored Project:		
<i>List Major Work Performed</i>		% of Time
Total % of Time on Project:		

Sponsored Project:		
<i>List Major Work Performed</i>		% of Time
Total % of Time on Project:		


 Employee Signature


 Approval Signature

5/14/2018
 Date

5/14/18
 Date



Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Shirley Walker

Month/Year: Apr-18

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project:

List Major Work Performed	% of Time
Counseling: Consult w/ clients, give pregnancy tests & complete TANF paperwork	70%
Coordinate client services such as scheduling, referral information, chart preparation, answering phones, etc...	15%
Supervise front office, train counselors and volunteers; Assist counselors w/ questions	10%
Total % of Time on Project:	

Sponsored Project:

List Major Work Performed	% of Time
regarding client services, paperwork, etc..; Assist with Quarterly mailout	
Keep track of supplies needed for client services such as pregnancy tests, cups & charts	5%
Total % of Time on Project: 100%	

Sponsored Project:

List Major Work Performed	% of Time
Total % of Time on Project:	

Shirley Walker
Employee Signature

5/9/18
Date

Barbara Thomas
Approval Signature

5/9/18
Date

Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Patricia Brown

Month/Year: Apr-18

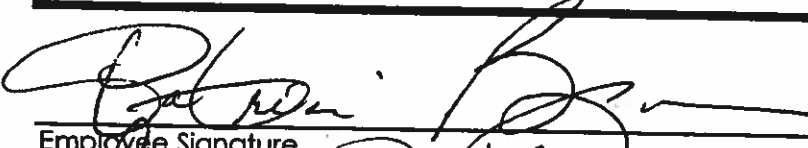

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project:	
Louisiana Alliance For Life	
<i>List Major Work Performed</i>	% of Time
Data Entry - Enter client data into database; Prepare and submit monthly reports	30%
Receptionist Duties - Answer phone and schedule appointments	30%
Counseling - Give pregnancy test and referrals based on need, complete TANF paperwork	30%
Community Outreach	10%
Total % of Time on Project:	
100%	

Sponsored Project:	
<i>List Major Work Performed</i>	% of Time
Total % of Time on Project:	

Sponsored Project:	
<i>List Major Work Performed</i>	% of Time
Total % of Time on Project:	


 Employee Signature

 Approval Signature

5/8/18
 Date
5/8/18
 Date

Date _____



Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Michael Ferris

Month/Year: APRIL 2018

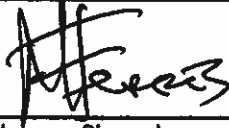
Provide a breakdown of your responsibilities for this month. Keep in mind:

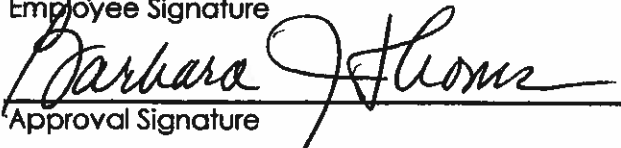
1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project:		Louisiana Alliance For Life
<i>List Major Work Performed</i>	% of Time	
Collect, Review and Approve Subcontractor Reimbursements	40%	
Fielding and Answering Calls and emails from Subcontractors	35%	
Creating and updating forms and files	25%	
Total % of Time on Project:		100%

Sponsored Project:		Louisiana Alliance For Life - continued
<i>List Major Work Performed</i>	% of Time	
Total % of Time on Project:		100%

Sponsored Project:		
<i>List Major Work Performed</i>	% of Time	
Total % of Time on Project:		


Employee Signature


Approval Signature

5/14/18
Date

5/14/18
Date



Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Barbara Thomas Month/Year: Apr-18

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project: Work Performed	LA Alliance for Life - Project Directo - % of Time
Develop/Maintain relationships with Partner Pregnancy Centers	15%
Supervise program operations for the Women's Help Center	15%
Counsel Women at the Women's Help Center (Emergency situations only)	0%
Compliance: Oversee compliance for all subcontractors	20%
Compliance Visits & Training	0%

Worked close with Program Evaluator to implement evaluation plan	10%
Review and approve timesheets, employee absences, etc.	5%
Review and approve financial transactions, i.e., vendor and subcontractor payments, etc.	15%
Primary spokesperson and media representative for LA Alliance for Life (LAL)	5%
Staff Meetings	5%
Total % of Time on Project:	90%

Sponsored Project: Work Performed	Family Values Resource Institute, Inc. % of Time
Attending Board Planning Meetings	
Staff/Meeting Training	
Fundraising Planning	
Total % of Time on Project:	10%

Employee Signature

Approval Signature: Gail Hollins, FVRI Board Vice President

Date

Date

Fringe Proof of Payment

TAXPAYER NAME: FAMILY VALUES RESOURCE INSTITUTE

TIN: xxxxx5039

Deposit Confirmation

Your payment has been accepted.

Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

EFT ACKNOWLEDGEMENT NUMBER:	270853520152257
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PLEASE NOTE

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.

Payment Information	Entered Data
Taxpayer EIN	xxxxx5039
Tax Form	941 Employers Federal Tax
Tax Type	Federal Tax Deposit
Tax Period	Q2/2018
Payment Amount	\$3,562.56
Settlement Date	05/15/2018
Subcategories:	
1 Social Security	\$2,081.78
2 Medicare	\$486.86
3 Tax Withholding	\$993.92
Account Number	xxxx0000
Account Type	CHECKING
Routing Number	065400153
Bank Name	WHITNEY BANK

Erinae Proof of Payment



HANCOCK WHITNEY

Transactions Details

Posting Date	05/15/2018
Transaction Date	05/15/2018
Description	IRS
Transaction Type	Debit
Amount	\$3,562.56
Balance	

Frings Proof of Payment

PAYCHEX, INC.
401 WHITNEY AVENUE SUITE 200
GRETN LA 70056
(844) 729-9247

Soc Sec and Med and Federal Withholding Tax

EFTPS Mandated: Initiate new 941 EFT deposit for the specified quarter at least one banking day before the due date.

Non-mandated: Initiate a 941 payment for the specified quarter at www.eftps.gov at least one banking day before the due date.

Deposit Period:	04/01/18 - 04/30/18	Employee Social Security	1,040.90
Amount Due:	\$3,582.56	Employee Medicare	243.44
Due Date:	05/15/18	Employer Social Security	1,040.88
Quarter	2	Employer Medicare	243.42
		Federal Withholding	993.92

Date Paid: 5/14/15 Post Federal ID: 72-1415039

Check Number: PA-010101 Last Check Date: 04/30/18

IMPORTANT REMINDERS

*** You are scheduled to report your next payroll on Fri 05/11/18.

*** In compliance with the Federal Depository rules, your federal deposit frequency is Monthly. Please verify with your deposit frequency information notice from the IRS. If the frequency is different, notify your Payroll Specialist immediately.

*** Payments made by EFT must be initiated one day prior to the due date.



0060-0060T846-002-114-1444

0060-T846

IRS

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 74403
BATON ROUGE LA 70874-4403



0060-0060T846-002-114-1444

0060 0060-7346 Family Values Resource Institute Inc
Run Date 04/10/18 02:17 PM

PAYROLL JOURNAL

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS		
	100 STAFF BI-WEEKLY TOTAL		14.00	8,394.21			
					Employer Liabilities		
					Social Security	520.44	
					Medicare	121.71	
					TOTAL EMPLOYER LIABILITY	642.15	
					TOTAL TAX LIABILITY	2,013.28	
							223.00 Net Pay 6,800.08
**** 300 1099 Isaac, Latoshia S (IC) 36	1099 Misc Comp 1099 Misc Comp					Deduction	
						20.10 Direct Deposit # 503	
						Check Armt	0.00
						Chkg 0010	1,556.57
						Chkg 6302	90.00
						20.10 Net Pay	1,646.57
300 1099 TOTALS 1 Person(s) 1 Transaction(s)	1099 Misc Comp 300 1099 TOTAL					Deduction	
						20.10 Check Armt	0.00
						Dir Dep	1,646.57
						20.10 Net Pay	1,646.57
COMPANY TOTALS 8 Person(s) 8 Transaction(s)	Fvt LAL Hours 1099 Misc Comp COMPANY TOTAL						
			14.00	1,206.73		Social Security	520.44
				7,187.48		Medicare	121.71
						Fed Income Tax	496.96
						LA Income Tax	232.00
			14.00	8,394.21		1,666.67	
						1,371.13	
						TOTAL EMPLOYER LIABILITY	642.15
						TOTAL TAX LIABILITY	2,013.28
							243.10 Net Pay 8,446.55

(IC) = Independent Contractor

PAYROLL JOURNAL

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS		DEDUCTIONS		NET PAY ALLOCATIONS	
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS					
**** 100 STAFF BI-WEEKLY										
35 Brown, Patricia A	Data Entry		LAL Hours	1,041.67		Social Security 64.59 Medicare 15.10 Fed Income Tax 77.81 LA Income Tax 27.00	184.50	STD Post-Tax	36.72	Direct Deposit # 6820 Check Amt 0.00 Chkg 0017 820.45
	EMPLOYEE TOTAL			1,041.67					36.72	Net Pay 820.45
37 Davis, Allison	Education Specialist		LAL Hours	1,041.67		Social Security 64.59 Medicare 15.10 LA Income Tax 26.00	105.69	STD Post-Tax	25.97	Direct Deposit # 6821 Check Amt 0.00 Chkg 3799 910.01
	EMPLOYEE TOTAL			1,041.67					25.97	Net Pay 910.01
4 Davis, Talisha	Compliance Coordinator		Fvt Hours	437.50		Social Security 30.41 Medicare 21.15 Fed Income Tax 63.13 LA Income Tax 32.00	106.69	STD Post-Tax	26.97	Direct Deposit # 6822 Check Amt 0.00 Chkg 0014 1,152.36
	EMPLOYEE TOTAL			1,458.34					26.97	Net Pay 1,152.36
5 Ferris, Michael A	Project Administrator		Fvt Hours	291.67		Social Security 30.42 Medicare 21.15 Fed Income Tax 101.38 LA Income Tax 46.00	203.95	STD Post-Tax	90.29	Direct Deposit # 6823 Check Amt 0.00 Chkg 1002 1,197.39
	EMPLOYEE TOTAL			1,458.34					90.29	Net Pay 1,197.39
11 Thomas, Barbara J	Project Director		Fvt Hours	208.34		Social Security 125.17 Medicare 30.21 Fed Income Tax 155.63 LA Income Tax 66.00	480.00	STD Post-Tax	48.00	Direct Deposit # 6825 Check Amt 0.00 Chkg 0016 1,652.33
	EMPLOYEE TOTAL			2,083.34					48.00	Net Pay 1,652.33
12 Walker, Shirley	Client Services Coordinator		LAL Hours	1,041.67		Social Security 64.59 Medicare 15.10 Fed Income Tax 99.01 LA Income Tax 27.00	205.70	STD Post-Tax	13.02	Direct Deposit # 6826 Check Amt 0.00 Chkg 2191 822.95
	EMPLOYEE TOTAL			1,041.67					13.02	Net Pay 822.95
100 STAFF BI-WEEKLY TOTALS			Fvt Hours	14.00		Social Security 520.46 Medicare 121.71 Fed Income Tax 408.96 LA Income Tax 232.00	226.00	STD Post-Tax	226.00	Check Amt 0.00 Dir Dep 6,800.32

PAYROLL JOURNAL

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS		DEDUCTIONS		NET PAY ALLOCATIONS	
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS					
	100 STAFF BI-WEEKLY TOTAL		14.00	8,394.25		Employer Liabilities Social Security 520.44 Medicare 121.71 1,371.13		223.00	Net Pay	6,800.12
**** 300 1099 Isaac, Latoshia S (IC) 36	1099 Misc Comp 1099 Misc Comp				361.81 1,304.86		Deduction	20.10	Direct Deposit # 504 Check Amt 0.00 Chkg 0010 1,556.57 Chkg 8302 90.00	
300 1099 TOTALS 1 Person(s) 1 Transaction(s)	EMPLOYEE TOTAL				1,666.67			20.10	Net Pay	1,646.57
	1099 Misc Comp				1,666.67		Deduction	20.10	Check Amt 0.00 Dir Dep 1,646.57	
	300 1099 TOTAL				1,666.67			20.10	Net Pay	1,646.57
COMPANY TOTALS 8 Person(s) 8 Transaction(s)	Fvt LAL Hours 1099 Misc Comp		14.00	1,206.73 7,187.52		Social Security 520.46 Medicare 121.71 Fed Income Tax 496.96 LA Income Tax 223.00 1,371.13	Deduction STD Post-Tax 20.10 223.00	20.10	Check Amt 0.00 Dir Dep 8,446.89	
	COMPANY TOTAL		14.00	8,394.25	1,666.67	Employer Liabilities Social Security 520.44 Medicare 121.71 642.15		243.10	Net Pay	8,446.89
						TOTAL EMPLOYER LIABILITY 642.15 TOTAL TAX LIABILITY 2,013.28				

(IC) = Independent Contractor

Project Director

BARBARA J THOMAS
7081 MODESTO AVE
BATON ROUGE LA 70811

90%

NON-NEGOTIABLE

NON-NEGOTIABLE

Stub 1

PERSONAL AND CHECK INFORMATION

Barbara J Thomas
7081 Modesto Ave
Baton Rouge, LA 70811
Soc Sec #: xxx-xx-xxxx Employee ID: 11

Home Department: 100 Staff Bi-weekly

Pay Period: 04/01/18 to 04/15/18

Check Date: 04/13/18 Check #: 6818

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0018	1652.33	11539.70
NET PAY	1652.33	11539.70

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS
Fvri			208.34	
LAL Hours			1875.00	
Total Hours				
Gross Earnings			2083.34	
Total Hrs Worked				

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)
Social Security		129.17
Medicare		30.21
Fed Income Tax	M 1	155.63
LA Income Tax	S 0 1	68.00
TOTAL		383.01

DEDUCTIONS

DESCRIPTION	THIS PERIOD (\$)
STD Post-Tax	48.00
TOTAL	48.00

Salary :

Stub 1 2083.34
Stub 2 2083.34

4166.68
x 90%

\$ 3750.00

↑ grant amt.

Fringe :

3750.00
x 7.65%

\$286.88

↑ grant amt.

NET PAY

THIS PERIOD (\$)
1652.33

BARBARA J THOMAS
7081 MODESTO AVE
BATON ROUGE LA 70811

Project Director
90%

NON-NEGOTIABLE

NON-NEGOTIABLE

Stub 2

PERSONAL AND CHECK INFORMATION

Barbara J Thomas
7081 Modesto Ave
Baton Rouge, LA 70811
Soc Sec #: xxx-xx-xxxx Employee ID: 11

Home Department: 100 Staff Bi-weekly

Pay Period: 04/16/18 to 04/30/18
Check Date: 04/30/18 Check #: 6825

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0018	1652.33	13192.03
NET PAY	1652.33	13192.03

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Fvri			208.34		1666.72
LAL Hours			1875.00		15000.00
Total Hours					
Gross Earnings			2083.34		16666.72
Total Hrs Worked					

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		129.17	1033.34
Medicare		30.21	241.87
Fed Income Tax	M 1	155.63	1283.68
LA Income Tax	S 0 1	68.00	532.00
TOTAL		383.01	3090.89

DEDUCTIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	48.00	384.00
TOTAL	48.00	384.00

NET PAY

THIS PERIOD (\$)
1652.33

YTD (\$)
13192.03

Michael Ferris

MICHAEL A FERRIS
17714 NINE OAKS AVE
BATON ROUGE LA 70817

Project Administrator
NON-NEGOTIABLE

80%

1,458.34 +
1,458.34 +
2,916.68 x
80. %

Salary 2,333.34 +

2,333.34 x
7.65 %

178.50 +

Fringe ..00

17714 Nine Oaks Ave
Baton Rouge, LA 70817
Soc Sec #: xxx-xx-xxxx Employee ID: 5

Home Department: 100 Staff Bi-weekly

Pay Period: 04/01/18 to 04/15/18
Check Date: 04/13/18 Check #: 6816

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 1002	1197.40	8365.33
NET PAY	1197.40	8365.33

EARNINGS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS
	Fvri			291.67	
	LAL Hours			1166.67	
	Total Hours				
	Gross Earnings			1458.34	
	Total Hrs Worked				
WITHHOLDINGS	DESCRIPTION	FILING STATUS		THIS PERIOD (\$)	
	Social Security			90.42	
	Medicare			21.14	
	Fed Income Tax	M 0		101.38	
	LA Income Tax	S 0 0		48.00	
	TOTAL			260.94	

Stub 1

Salary:

Stub 1 1458.34

Stub 2 1458.34

2916.68
x 80%

\$2,333.34

↑
grant
amt.

Fringe:

2,333.34
x 7.65%

\$178.50

↑
grant
amt.

NET PAY

THIS PERIOD (\$)
1197.40

MICHAEL A FERRIS
17714 NINE OAKS AVE
BATON ROUGE LA 70817

Project Administrator

80%

NON-NEGOTIABLE

Stub 2

PERSONAL AND CHECK INFORMATION

Michael A Ferris
17714 Nine Oaks Ave
Baton Rouge, LA 70817
Soc Sec #: xxx-xx-xxxx Employee ID: 5

Home Department: 100 Staff Bi-weekly

Pay Period: 04/16/18 to 04/30/18
Check Date: 04/30/18 Check #: 6823

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 1002	<u>1197.39</u>	<u>9562.72</u>
NET PAY	1197.39	9562.72

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Fvri			291.87		2333.36
LAL Hours			<u>1166.67</u>		<u>9333.36</u>
Total Hours					
Gross Earnings			1458.34		11666.72
Total Hrs Worked					

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		90.42	723.34
Medicare		21.15	169.17
Fed Income Tax	M 0	101.38	835.49
LA Income Tax	S 0 0	48.00	376.00
TOTAL		<u>260.95</u>	<u>2104.00</u>

NET PAY

THIS PERIOD (\$)
1197.39

YTD (\$)
9562.72

Compliance Coordinator

NON-NEGOTIABLE

Talisha Davis

TALISHA DAVIS
29 NORTH YOSEMITE DRIVE
BATON ROUGE LA 70814

70%

1,458.33 +
1,458.34 +
2,916.67 x
70% x

Salary — 2,041.67

2,041.67 x
7.65% x
156.19 +

Fringe

PI
T2
3E
B2
Sc

••0••

Home Department: 100 Staff Bi-weekly

Pay Period: 04/01/18 to 04/15/18
Check Date: 04/13/18 Check #: 6815

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0014	1152.35	8061.55
NET PAY	1152.35	8061.55

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS
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Fvri			437.50	
LAL Hours			1020.83	
Total Hours				
Gross Earnings			1458.33	
Total Hrs Worked				

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)
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Social Security		90.42
Medicare		21.14
Fed Income Tax	M 2	63.13
LA Income Tax	M 0 2	32.00

TOTAL		206.69
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DEDUCTIONS

DESCRIPTION	THIS PERIOD (\$)
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STD Post-Tax	99.29
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TOTAL	99.29
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Stub 1

Salary :

Stub 1 : 1458.33

Stub 2 : 1458.34

2916.67

x 70%

\$2,041.67

↑ grant amt.

Fringe :

2041.67

x 7.65%

\$156.19

↑ grant amt.

NET PAY

THIS PERIOD (\$)
1152.35

TALISHA DAVIS
3829 NORTH YOSEMITE DRIVE
BATON ROUGE LA 70814

Compliance Coordinator
NON-NEGOTIABLE

70%

NON-NEGOTIABLE

Stub 2

PERSONAL AND CHECK INFORMATION

Talisha Davis
3829 North Yosemite Drive
Baton Rouge, LA 70814
Soc Sec #: xxx-xx-xxxx Employee ID: 4

Home Department: 100 Staff Bi-weekly

Pay Period: 04/16/18 to 04/30/18
Check Date: 04/30/18 Check #: 8822

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0014	<u>1152.38</u>	<u>9213.91</u>
NET PAY	1152.38	9213.91

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Fvrl			437.50		3500.00
LAL Hours			<u>1020.84</u>		<u>8166.68</u>
Total Hours					
Gross Earnings			1458.34		11666.68
Total Hrs Worked					

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		90.41	723.33
Medicare		21.15	169.17
Fed Income Tax	M 2	63.13	517.95
LA Income Tax	M 0 2	32.00	248.00
TOTAL		<u>206.69</u>	<u>1658.45</u>

DEDUCTIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	99.29	794.32
TOTAL	<u>99.29</u>	<u>794.32</u>

NET PAY

THIS PERIOD (\$)
1152.38

YTD (\$)
9213.91

See Stub 1
for calculations

ALLISON DAVIS
17232 JEFFERSON HIGHWAY
APT # 417
BATON ROUGE LA 70817

Education Specialist

NON-NEGOTIAL

Allison Davis

100%

Salary — 1,041.66 +
1,041.67 +
2,083.33 *
7.65 %
159.37 +
Fringe...0..

Stub 1

PERSONAL AND CHECK INFORMATION

Allison Davis
17232 Jefferson Highway
Apt # 417
Baton Rouge, LA 70817
Soc Sec #: xxx-xx-xxxx Employee ID: 37
Home Department: 100 Staff Bi-weekly

Pay Period: 04/01/18 to 04/15/18
Check Date: 04/13/18 Check #: 6814

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 3799	910.00	6374.05
NET PAY	910.00	6374.05

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS
Fvri				
LAL Hours			1041.66	
Total Hours				
Gross Earnings			1041.66	
Total Hrs Worked				

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)
Social Security		64.58
Medicare		15.11
LA Income Tax	S 2 1	26.00
TOTAL		105.69

DEDUCTIONS

DESCRIPTION	THIS PERIOD (\$)
STD Post-Tax	25.97
TOTAL	25.97

Fringe:

2083.33
X 7.65%

\$159.37

↑
grant
amt.

NET PAY

THIS PERIOD (\$)
910.00

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-weekly
EE ID: 37 DD

Education Specialist

ALLISON DAVIS
17232 JEFFERSON HIGHWAY
APT # 417
BATON ROUGE LA 70817

NON-NEGOTIABLE

100%

NON-NEGOTIABLE

Stub 2

PERSONAL AND CHECK INFORMATION

Allison Davis
17232 Jefferson Highway
Apt # 417
Baton Rouge, LA 70817
Soc Sec #: xxx-xx-xxxx Employee ID: 37

Home Department: 100 Staff Bi-weekly

Pay Period: 04/16/18 to 04/30/18
Check Date: 04/30/18 Check #: 6821

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 3799	910.01	7284.06
NET PAY	910.01	7284.06

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Fvri					
LAL Hours			1041.67		1041.66
Total Hours					7291.66
Gross Earnings			1041.67		
Total Hrs Worked					8333.32

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		64.59	516.67
Medicare		15.10	120.83
LA Income Tax	S 2 1	28.00	204.00
TOTAL		105.69	841.50

DEDUCTIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	25.97	207.76
TOTAL	25.97	207.76

NET PAY

THIS PERIOD (\$)
910.01

YTD (\$)
7284.06

Payrolls by Paychex, Inc.

Data Entry

PATRICIA A BROWN
6555 E MONARCH
ON ROUGE LA 70812

Patricia Brown

Salary
1,041.66 +
1,041.67 +
2,083.33 x
7.65 %
159.37 +
Fringe
..00..

PERSONAL AND CHECK INFORMATION

Patricia A Brown
6555 E Monarch
Baton Rouge, LA 70812
Soc Sec #: xxx-xx-xxxx Employee ID: 35

Home Department: 100 Staff Bi-weekly

Pay Period: 04/01/18 to 04/15/18

Check Date: 04/13/18 Check #: 6813

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0017	820.44	5727.81
NET PAY	820.44	5727.81

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS
Fvri				
LAL Hours			1041.66	
Total Hours				
Gross Earnings			1041.66	
Total Hrs Worked				

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)
Social Security		64.58
Medicare		15.11
Fed Income Tax	S 1	77.81
LA Income Tax	S 0 1	27.00
TOTAL		184.50

DEDUCTIONS

DESCRIPTION	THIS PERIOD (\$)
STD Post-Tax	36.72
TOTAL	36.72

Stub 1

Salary

Stub 1 1041.66

Stub 2 1041.67

\$2083.33

↑
grant
amt.

Fringe

2083.33
x 7.65 %

\$159.37

↑
grant
amt.

NET PAY

THIS PERIOD (\$)
820.44

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-weekly
EE ID: 35 DD

PATRICIA A BROWN
6555 E MONARCH
BATON ROUGE LA 70812

Data Entry

NON-NEGOTIABLE

NON-NEGOTIABLE

Stub 2

PERSONAL AND CHECK INFORMATION

Patricia A Brown
6555 E Monarch
Baton Rouge, LA 70812
Soc Sec #: xxx-xx-xxxx Employee ID: 35

Home Department: 100 Staff Bi-weekly

Pay Period: 04/16/18 to 04/30/18
Check Date: 04/30/18 Check #: 6820

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0017	820.45	6548.26
NET PAY	820.45	6548.26

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Fvri					1041.66
LAL Hours			1041.67		7291.66
Total Hours					
Gross Earnings			1041.67		8333.32
Total Hrs Worked					

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		64.59	516.67
Medicare		15.10	120.83
Fed Income Tax	S 1	77.81	641.80
LA Income Tax	S 0 1	27.00	212.00
TOTAL		184.50	1491.30

DEDUCTIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	36.72	293.76
TOTAL	36.72	293.76

See Stub 1
for calculations

NET PAY

THIS PERIOD (\$)
820.45

YTD (\$)
6548.26

Shirley Walker

SHIRLEY WALKER
230 MAPLEWOOD DRIVE
BATON ROUGE LA 70812

Client Services Coordinator
NON-NEGOTIABLE

100%

Salary
1,041.66 +
1,041.67 +
2,083.33 x
7.65 %
159.37 +
Fring ..00

Stub 1

PERSONAL AND CHECK INFORMATION
Shirley Walker
6230 Maplewood Drive
Baton Rouge, LA 70812
Soc Sec #: xxx-xx-xxxx Employee ID: 12

Home Department: 100 Staff Bi-weekly

Pay Period: 04/01/18 to 04/15/18
Check Date: 04/13/18 Check #: 6819

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 2191	822.94	5745.31
NET PAY	822.94	5745.31

EARNINGS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS
	LAL Hours			1041.66	
	Total Hours				
	Gross Earnings			1041.66	
	Total Hrs Worked				

WITHHOLDINGS	DESCRIPTION	FILING STATUS	THIS PERIOD (\$)
	Social Security		64.58
	Medicare		15.11
	Fed Income Tax	S 1 +\$21.20	99.01
	LA Income Tax	S 0 1	27.00
	TOTAL		205.70

DEDUCTIONS	DESCRIPTION	THIS PERIOD (\$)
	STD Post-Tax	13.02
	TOTAL	13.02

Salary:

Stub 1 1041.66

Stub 2 1041.67

\$2083.33

↑
grant
amt.

Fringe:

2083.33
x 7.65%

\$159.37

↑
grant
amt.

NET PAY

THIS PERIOD (\$)
822.94

SHIRLEY WALKER
6230 MAPLEWOOD DRIVE
BATON ROUGE LA 70812

Client Services Coordinator
NON-NEGOTIABLE

100%

NON-NEGOTIABLE

Stub 2

PERSONAL AND CHECK INFORMATION

Shirley Walker
6230 Maplewood Drive
Baton Rouge, LA 70812
Soc Sec #: xxx-xx-xxxx Employee ID: 12

Home Department: 100 Staff Bi-weekly

Pay Period: 04/16/18 to 04/30/18
Check Date: 04/30/18 Check #: 6826

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 2191	822.95	6568.26
NET PAY	822.95	6568.26

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
LAL Hours			1041.87		8333.32
Total Hours					
Gross Earnings			1041.87		8333.32
Total Hrs Worked					

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		64.59	516.67
Medicare		15.10	120.83
Fed Income Tax	S 1 +\$21.20	99.01	811.40
LA Income Tax	S 0 1	27.00	212.00
TOTAL		205.70	1660.90

DEDUCTIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	13.02	104.16
TOTAL	13.02	104.16

NET PAY

THIS PERIOD (\$)
822.95

YTD (\$)
6568.26



FVRI

FAMILY VALUES RESOURCE INSTITUTE, INC

Rent

INVOICE

INVOICE #: 201804

INVOICE DATE: 4/1/2018

P.O. Box 74403

Baton Rouge, LA 70874

225-355-2725 Office 225-355-2742 Fax

www.FVRI.org

Billed To: Louisiana Alliance For Life

+ 1200.00

Total Operations

1,200.00 +
135.88 +
206.96 +
Lease - 196.90 +
Taxes - 250.00 +
Rent - 75.00 +
On-site maintenance - 455.00 +
ER (Smidant) 605.60 +
95.97 +
3,221.31 *

DESCRIPTION	AMOUNT
Monthly Charge for Rental of 2,000 square feet in 2500 square foot building at \$0.60 per square in the budget narrative.	1,200.00
TOTAL	\$ 1,200.00

Rent





Transactions Details

Posting Date	05/07/2018
Transaction Date	05/07/2018
Description	DDA CHECK 0000001622
Transaction Type	Debit
T/C	0075
Amount	\$1,200.00
Balance	

Front

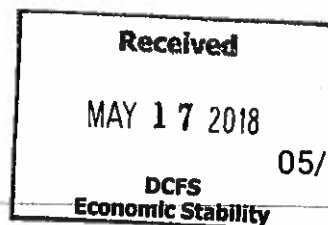
Back

	FAMILY VALUES RESOURCE INSTITUTE INC. DBA LOUISIANA ALLIANCE FOR LIFE PO BOX 74403 PH. 225-359-9001 BATON ROUGE, LA 70874-4403	<small>WHITNEY BANK</small> <small>Member FDIC / whitneybank.com</small>	1622 <small>24-19451</small>
		5/3/2018	
PAY TO THE ORDER OF	Family Values Resource Institute, Inc	\$ **1,200.00	
One Thousand Two Hundred and 00/100			DOLLARS
Family Values Resource Institute, Inc 7515 Scenic Highway Baton Rouge, LA 70807			
MEMO	LAL Rent	 <small>AUTHORIZED SIGNATURE</small>	
⑈001622⑈ ⑆065400153⑆			

Rent



Transactions Details



Posting Date

05/07/2018

Transaction Date

05/07/2018

Description

DDA CHECK 0000001622

Transaction Type

Debit

T/C

0075

Amount

\$1,200.00

Balance

Front

Back

050718 ~97090001340274 - >0

PAY TO THE ORDER OF
WHITNEY BANK
BATCH HOUSE, LA 70005-2403
GEORGE A.
FOR DEPOSIT ONLY
FAMILY VALUES RESERVE
INSTITUTE, INC.
RESERVE FUND
MEMPHIS
38103

Scott Baily Enterprises, Inc.

11310 Industripark Blvd Baton Rouge, LA 70809
P: 225-753-2679 F: (225) 751-7128

CONTRACT INVOICE

Invoice Number: 156332
Invoice Date: 04/20/2018

Bill To: FAMILY VALUES RESOURCE INSTITUTE, INC
N BR WOMEN'S HELP CENTER
7515 SCENIC HWY
BATON ROUGE, LA 70807-0000

Account No	Payment Terms	Due Date			
BR2929	Net 30 Days	05/20/2018	\$109.30		
Invoice/Remarks					
Contract Number	Contract	Contract Amount	P.O. Number	Start Date	Exp. Date
1460-01		\$99.36		01/20/2012	
Contract Remarks					

Summary:

Contract base rate charge for the 04/20/2018 to 05/19/2018 billing period
Contract overage charge for the 03/20/2018 to 04/19/2018 overage period
**See overage details below

\$0.00
\$99.36 **
\$99.36

Detail:

Equipment Included under this contract

Konica/BIZHUB C308

Number	Serial Number	Base Adj.	Location
04627	A7PY011000108	\$0.00	FAMILY VALUES RESOURCE INSTITUTE, INC 7515 SCENIC HWY BATON ROUGE, LA 70807-0000

Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
BW	BW	45,068	47,256		2,188	0	2,188	\$0.012100	\$26.47
COL	COLOR	15,359	16,363		1,004	0	1,004	\$0.072600	\$72.89
									\$99.36

*** You can order supplies and place service calls online at www.sbcopy.com ***

If you prefer to receive your invoices via email or make payments via ACH please call us or email accounting@sbcopy.com

Thank you for your business!

Invoice SubTotal	\$99.36
Tax:	\$9.94
Invoice Total	\$109.30
Balance Due:	\$109.30

Scott Baily Enterprises, Inc.

11310 Industriplex Blvd Baton Rouge, LA 70809
P: 225-753-2679 F: (225) 751-7128

CONTRACT INVOICE

Invoice Number: 156356

Invoice Date: 04/20/2018

*Printing
of \$38.50*

Bill To: FAMILY VALUES RESOURCE INSTITUTE, INC
N BR WOMEN'S HELP CENTER
7515 SCENIC HWY
BATON ROUGE, LA 70807-0000

Customer: FAMILY VALUES RESOURCE
INSTITUTE, INC
7515 SCENIC HWY
BATON ROUGE, LA
70807-0000

Account No	Payment Terms	Due Date	Invoice Total	70807-0000 Balance Due	
BR2929	Net 30 Days	05/20/2018	\$38.50	\$38.50	
Invoice Remarks					
Contract Number	Contract	Contract Amount	P.O. Number	Start Date	Exp. Date
1461-01	BARBARA THOMAS 359-9001	\$35.00		01/20/2012	
Contract Remarks					

Summary:

Contract base rate charge for the 04/20/2018 to 05/19/2018 billing period

\$35.00

Contract overage charge for the 03/20/2018 to 04/19/2018 overage period

\$0.00**

**See overage details below

\$35.00

Detail:**Equipment Included under this contract****Muratec/2550**

Number	Serial Number	Base Adj.	Location						
03236	DC435090111024	\$0.00	FAMILY VALUES RESOURCE INSTITUTE, INC 7515 SCENIC HWY BATON ROUGE, LA 70807-0000						
Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
BW	BW	43,028	43,586		558	1,500	0	\$0.022000	\$0.00
									\$0.00

*** You can order supplies and place service calls online at www.sbcopy.com ***

If you prefer to receive your invoices via email or make payments via ACH please call us or email
accounting@sbcopy.com

Thank you for your business!

Invoice SubTotal	\$35.00
Tax:	\$3.50
Invoice Total	\$38.50
Balance Due:	\$38.50

Check

Printing \$135.88

Front

FAMILY VALUES RESOURCE INSTITUTE, INC Serving Families For Over 20 Years P.O. BOX 74403 BATON ROUGE, LA 70874 225-359-9001		CHASE JPMorgan Chase Bank, N.A. www.Chase.com 84-13/654	5041
PAY TO THE ORDER OF Scott Baily Enterprises		5/9/2018	Security Features. Circle to lock.
One Hundred Forty-Seven and 80/100		\$ 147.80	
MEMO Scott Baily Enterprises 11310 Industriplex Blvd. Baton Rouge, LA 70809 United States		DOLLARS	
		<i>Barbara J. Thomas</i> AUTHORIZED SIGNATURE	
⑈00504⑈ ⑆065400⑆37⑈			

Back

For Deposit Only - JPMC	ENDORSE HERE
	CHECK HERE A. TER MOBILE OR REMOTE DEPOSIT

Post date
May 14, 2018Check #
5041Check amount
\$147.80JPMorgan Chase Bank, N.A. Member
FDIC

©2018 JPMorgan Chase & Co.

Equal Opportunity Lender

Purchase Power® Account Statement

Statement Date April 5, 2018

Postage \$206.96

+206.96 postage

Page

SUMMARY OF YOUR CHARGES

Previous Balance	\$132.69
Purchases	
Postage	\$100.00
Equipment and Services	\$106.96
Total Purchases	\$206.96
Payments	\$0.00
Credits	\$0.00
Other Charges	\$29.99
Finance Charges	\$2.52
New Balance	\$372.16
Minimum Payment Due 05/02/2018	\$30.00

To avoid late fees please ensure Pitney Bowes receives a minimum payment before the due date of May 02, 2018

Credit Cards are NOT an accepted form of payment for accounts.

Online payments can be made. Go to
pitneybowes.com/us/paypurchasepower

WE HAVE NOT RECEIVED A PAYMENT SINCE YOUR LAST BILLING STATEMENT. IF PAYMENT HAS ALREADY BEEN REMITTED, PLEASE DISREGARD THIS MESSAGE. THANK YOU.

PITNEY BOWES REWARDS POINTS

Previous Balance	2,6
- Points Redeemed	
- Points Adjusted	
Points Earned this billing period	2
New Rewards Balance	2,8
Review Details: pitneybowes.us/reward	

Credit Line is: \$8,000.00
Available Credit: \$7,627.84

Questions about this statement?
pitneybowes.us/signin

Manage your account online, view and pay your bills, see detailed history, much more...

or
Call Monday - Friday 8AM to 8PM ET
800 243 7800. Please have your 16 digit account number available.

Need Ink?

Order ink and supplies
for your meter today.

pitneybowes.com/us/suppliesnow

The Pitney Bowes Bank, Inc. Tax ID#: 84-1386389

To make a payment by mail, please complete and send the coupon below. Please allow 7-10 business days for mail delivery.

Tear

PURCHASE POWER
2225 AMERICAN DRIVE
NEENAH WI 54956-1005

Account #	New Balance	Minimum Payment Due	Payment Due Date	Amount Enclosed
8000-9090-0923-5743	\$372.16	\$30.00	05/02/2018	\$

Change of address/contact information, please update at:
pitneybowes.com/us/support/addresschange

Make check payable to **Purchase Power**

If you've chosen to pay by mail, please include this payment coupon as well as your 16 digit account number on your check.

FAMILY VALUES RESOURCE
Accounts Payable
7515 SCENIC HWY
BATON ROUGE LA 70807

Purchase Power
PO BOX 371874
PITTSBURGH PA 15250-7874

800090900923574300003000000372166

Purchase Pow

Page

Postage Activity

8000-9090-0923-5743

BATON ROUGE LA

Tran Date	Post Date	Description	Reference	Amount
04/04	04/05	Meter Refill SN-0585484	PBP #:50640960	\$
Postage Activity				\$100

Total Postage Activity \$100.00**Equipment and Services Activity**

Tran Date	Post Date	Description	Details	Charges	Am
03/14	03/14	METER RENTAL Order#0040522218			\$1
			K7M0 K7M0 - Mailstation2# Meter	89.97	
			City Tax	1.80	
			County Tax	2.70	
			State Tax	4.50	
			Meter Serial No. 0585484		
			From 20180401 To 20180630		
			RESETS Postage Refill Fee	7.99	
			Refills 01/24		

Equipment and Services Activity**\$106****Total Equipment and Services Activity \$106.96****Purchase Power®****SEND OVERNIGHT CHECKS TO:**

PURCHASE POWER
ATTN: BOX 371874
500 ROSS STREET SUITE 154-0470
PITTSBURGH PA 15262-0001

Credits

Tran Date	Post Date	Description	Amount
--------------	--------------	-------------	--------

Total Credits \$0.00**Other Charges**

Tran Date	Post Date	Description	Amount
04/01	04/01	LATE FEE	\$:

Total Charges \$29.99**Finance Charges**

Description	Average Daily Balance \$	Daily Periodic Rate	APR	Amount
Postage/Supplies	\$220.11	0.060%	22.00%	\$2.52

Total Finance Charges \$2.52**Important Information****Access the following activities on our website:**

- View and pay bills
- Order Supplies
- Update account information
- Access technical support
- Add postage to meters
- Permit Mail

It's easy. Go to pitneybowes.us/signin

Payment Options: When making payments to your account, please include your 16 digit account # on your check and allow for 7-10 days for mailing and processing. You can make a payment online at pitneybowes.us/signin. You can also transfer funds from your bank account.

If we do not receive your payment by the Payment Due Date, late fees will apply. If your payment is returned, you're liable for any charges we incur.

CHASE for BUSINESS

Printed from Chase for Business

BUSINESS CLASSIC (...8002) >

Available balance Present balance Available credit Available plus credit

SHOWING Search

Filtered by: Apr 17, 2018 to Apr 17, 2018 ACH debit

Date	Description	Type	Amount
Apr 17, 2018	PITNEY BOWES PITNEY3 800090900923574 TEL ID: 3841386389 ACH debit	ACH debit	-\$372.16

You've reached the end of your account activity.

Pitney Bowes Pmt

Postage \$206.96

Page 1 of 1

Transaction Id	Account / Statements paid	Pay method	Pay Date	Paid amount	Status
16745377	8000-9090-0923-5743	Chase Account	04/16/2018	\$372.16	Success
Total paid: \$372.16					

Feb, Mar & Apr. invoices
\$100, 32.69 + \$239.47

239.47
32.69

372.16



DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602

REMITTANCE SECTION

Invoice Number:
Due Date:
Due This Period:

58811500
05/01/2018
\$218.98

Amount Enclosed:

\$ _____

3522053803 PRESORT 53803 1 AB 0.405 P1C210



FAMILY VALUES RESOURCE INSTITUTE INC
ATTN AP
PO BOX 74403
BATON ROUGE LA 70874-4403

Please make check payable to:

DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602



2100000588115000000218981

Detach here. Please include the top payment coupon with your payment. Please allow 5-7 days for U.S. Postal Service delivery.



DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602
800-736-0220

Contract Number: 25411981
Invoice Number: 58811500
Account Number: 1053937
Site Number: 3849724
Invoice Date: 04/07/2018
Period of Performance: 04/01/2018-04/30/2018
Due This Period: \$218.98

Visit www.lesseedirect.com

Did you know you can...

- ✓ View copies of your contract and open invoices
- ✓ Enroll in paperless invoicing
- ✓ Make a payment
- ✓ Set up automated/recurring payments

IMPORTANT MESSAGES

*Please review your equipment location(s) for tax purposes.

See Reverse For Important Information

INVOICE DETAILS

Description	Payment Amount	Tax	Total Amount	Applied Amount	Remaining Amount Due
PAYMENT	\$179.00	\$17.90	\$196.90	\$0.00	\$196.90
INSURANCE	\$20.07	\$2.01	\$22.08	\$0.00	\$22.08
Billed this Invoice	\$199.07	\$19.91	\$218.98	\$0.00	\$218.98
Balance Due Previous Invoices					\$0.00
Total Amount Due					\$218.98

(Please see the following pages for details.)

ASSET DETAILS

Contract Number	Serial Number	Purchase Order	Make / Model	Asset Number	Install Date	Cost Center	Department	Payment Amount	Tax	Total Amount
25411981	A7PY01100010	8	KONMIN / BHC308	25411981_1				\$179.00	\$17.90	\$196.90

Asset Location: 7515 SCENIC HWY BATON ROUGE EAST BATON ROUGE LA 70807-5447 United States

Asset Amount Total: \$196.90

Contact Us

Customer Service 800-736-0220

 customercarecenter@leasedirect.com

- Questions regarding your contract terms
- Balance Inquiry
- Questions regarding Insurance
- General Questions regarding your bill

Address Changes & Invoice Delivery addressupdates@leasedirect.com

- Has your email address for invoice delivery changed?
- Has your billing or equipment address changed?
- Choose Paperless Invoicing and receive your invoice up to 5-7 days earlier!

Correspondence Address

DE LAGE LANDEN FINANCIAL SERVICES, INC. 1111 OLD EAGLE SCHOOL RD WAYNE, PA 19087-1453

*Please provide your contract number

IMPORTANT REMINDER: Enclose remittance slip with your check and send it to the address on the reverse side to ensure accurate and timely processing of your payment. **Please remit payments at least 5 days prior to due date. Please record your invoice number on the check.**

For account information 24 hours a day, 7 days a week, visit our website www.lesseedirect.com

Explanation of Charges

It is important to us that you understand the charges on your invoice. Please refer to this guide for assistance.

1. **DOCUMENTATION/ORIGINATION FEE** – A one-time fee assessed on new transactions to cover our expenses for preparing financing statements and other documentation costs.
2. **INTERIM PAYMENT** – A charge to account for the partial month, prior to the first full billing cycle, calculated per the terms and conditions in the contract.
3. **INSURANCE CHARGE** – A charge due each billing period as the result of the equipment being insured by the lessor against theft or damage.
4. **PAYMENT** – Amount due each billing period in accordance with the terms of the contract.
5. **LATE FEE** – Assessed when a payment is not received by its due date, as provided by the contract.
6. **FINANCE CHARGE** – Assessed when a payment is not received and is over thirty (30) days past its due date.
7. **PROPERTY TAX** – The lessor, as the owner of the equipment, is assessed and pays property tax to the appropriate taxing authority on an annual basis. Per the contract, the Lessee has agreed to reimburse the Lessor for all property taxes paid on their behalf plus reasonable administrative costs. For questions about taxes, call the Customer Service number above.
8. **RETURNED CHECK FEE** – Assessed each time a check is returned for any reason.
9. **CUSTOMER SERVICE FEE** – Assessed when a request for an amortization schedule, an invoice copy, a pay history or additional contract copy is requested.
10. **ACCOUNT SUMMARY** – Overview of prior billed invoices for which a partial or no payment was received at the time the current invoice was printed.
11. **TAX OR LESSOR SURCHARGE** – Taxes due in accordance with the tax laws of the state(s) where the equipment is located. For tax related questions, call the Customer Service number above.

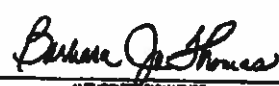
CHASE BUSINESS

Printed from Chase for Business

Check

Copier Lease \$196.90

Front

FAMILY VALUES RESOURCE INSTITUTE, INC Serving Families For Over 20 Years P.O. BOX 74403 BATON ROUGE, LA 70874 225-358-9001		CHASE JPMorgan Chase Bank, N.A. www.chase.com 84-13/654	5032 4/23/2018
PAY TO THE ORDER OF De Lage Landen Financial Services, Inc		\$ **218.98	DOLLARS Security Features. Details on back.
Two Hundred Eighteen and 98/100			
De Lage Landen Financial Services, Inc PO Box 41602 Philadelphia, PA 19101-1602		AUTHORIZED SIGNATURE 	
MEMO			
⑆005032⑆ ⑆065400137⑆			

Back

20180430 >021000081< PFC Bank DEP. TO CR. PAYEE ASS. OF END. STD. >021000081<	20180430 82597	ENDORSE HERE <input type="checkbox"/> CHECK HERE AFTER LOBILE OR REMOTE DEPOSIT DATE _____ DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
--	-------------------	---

 Post date
 Apr 30, 2018

 Check #
 5032

 Check amount
 \$218.98

 JPMorgan Chase Bank, N.A. Member
 FDIC

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Equal Opportunity Lender



(NOT FOR PAYMENTS)
DEPARTMENT # 102430
PO BOX 1259
OAKS, PA 19456
6400 0210 NO RP 05 04062018 NNNNNNNY 01 000884 0004



FAMILY VALUES RESOURCE INSTITUTE
INC
7515 SCENIC HWY
BATON ROUGE LA 70807-5447

Page 1 of 6

April 05, 2018

CONTACT US: www.coxbusiness.com
 866-272-5777

Account Number **001 5711 071045903**
COX PIN 7515
SERVICE ADDRESS 7515 SCENIC HWY
BATON ROUGE, LA 70807-5447



ACCOUNT SUMMARY as of Apr 5, 2018

Previous Balance	\$545.83
Payment Received - Mar 28	-\$545.83
Remaining Previous Balance	\$0.00
New Charges: Apr 5, 2018 - May 4, 2018	
TV	\$85.99
Internet	\$115.00
Telephone	\$264.75
Cox Toll Free	\$5.00
Usage Charges(Phone)	\$0.12
Taxes, Fees and Surcharges	\$80.38
New Charges	\$551.24
Total Due By Apr 27, 2018	\$551.24

Telephone \$250.00
Internet \$75.00
+ 325.00



Make Your Life Easier and GO GREEN!

With EasyPay, pay your monthly Cox bill automatically from your bank or credit card account. Add Paperless Billing and you get rid of paper bills and can access your account online any time, all while saving trees! Sign up today at www.coxbusiness.com/myaccount

April 05, 2018 bill for FAMILY VALUES RESOURCE INSTITUTE
Account Number 001 5711 071045903
Service at 7515 SCENIC HWY
BATON ROUGE, LA 70807-5447

Total Due By Apr 27, 2018 **\$551.24**

COX BUSINESS
PO BOX 919243
DALLAS TX 75391-9243



05711001182071045903020055124

MONTHLY SERVICES Apr 5 - May 4

TV

Digital Adapter	\$2.99
Cox Business TV Starter (qty 2)	20.00
Business TV Essential (qty 2)	38.00
Cox Business Advanced TV	4.00
Business TV DVR/HD Advanced Receiver	8.50

Other Fees and Surcharges

Regional Sports Surcharge	\$5.00
Broadcast Surcharge	7.50
Total TV	\$85.99

INTERNET

CBI 100 - 100 Mbps x 20 Mbps	\$115.00
Total Internet	\$115.00

TELEPHONE

225-355-2725

VoiceManager Flat Rated Local Line	\$25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
Business VoiceManager Group Hunting	0.00
Individual Voice Mailbox	0.00
VoiceManager Office Package	0.00

225-355-2333

VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00
VoiceManager Office Package	0.00

Monthly Services cont.

225-356-1101

VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00
VoiceManager Office Package	0.00

225-357-6822

VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00
VoiceManager Office Package	0.00

225-357-6880

VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00
VoiceManager Office Package	0.00

225-359-9001

VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00
VoiceManager Office Package	0.00

225-355-2742

VoiceManager Flat Rated Local Line	15.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00

Payment options

Online: Visit cox.com to register for 24-hour online access or make payments to your account.

Mail: Detach this coupon and send it with your check or money order. Please include your account number on your check. Make your checks payable to Cox Communications. Allow 7 days for processing.

Phone: You may contact us at the telephone number listed on the front of this bill anytime and follow the phone prompts to make a payment using your bank account or credit card.

In Person: Visit www.cox.com/business for a list of Cox Authorized Payment Centers.



Monthly Services cont.	
VoiceManager Utility Line	0.00
Total Telephone	\$264.75
COX TOLL FREE	
855-696-2333	
Cox Toll Free Svc - Switched	\$5.00
Total Cox Toll Free	\$5.00
TOTAL MONTHLY SERVICES	\$470.74

USAGE CHARGES

Telephone Usage

Usage for 225-355-2725	
Intrastate Long Distance	\$0.00
Usage for 225-355-2333	
Intrastate Long Distance	0.00
Usage for 225-356-1101	
Intrastate Long Distance	0.00
Usage for 225-357-6822	
Intrastate Long Distance	0.00
Interstate Cox LD - CB	0.00
Usage for 225-357-6880	
Intrastate Long Distance	0.00
Interstate Cox LD - CB (qty 4)	0.00
Usage for 225-359-9001	
Intrastate Long Distance (qty 3)	0.00
Interstate Cox LD - CB (qty 14)	0.00
Total Telephone Usage	\$0.00

Toll Free Usage

Usage for 855-696-2333	
Interstate Toll Free - CB (qty 2)	\$0.09
Intrastate Toll Free - CB (qty 2)	0.03
Total Toll Free Usage	\$0.12

TOTAL USAGE CHARGES	\$0.12
----------------------------	---------------

TAXES, FEES AND SURCHARGES

TV Taxes and Fees

FCC Fee	\$0.08
Franchise Fee	4.71
PEG Access Fee	0.47
Total TV Taxes and Fees	\$5.26

Telephone Taxes, Fees and Surcharges Taxes

E-911 Tax (Commercial)	\$10.50
Interstate Telecomm Services	0.15
Federal Excise Tax	7.56
State Sales Tax	10.72
Total Taxes	\$28.93

Fees and Surcharges

Access Recovery Fee - Multi-Line	\$10.00
Telecommunications Tax for the Deaf	0.35
Carrier Cost Recovery Fee	0.67

Taxes, Fees and Surcharges cont.

Federal Universal Service Fund	18.30
Public Utility Excise Tax	11.99
Louisiana Universal Service Fund	4.88
Total Fees and Surcharges	\$46.19

Total Telephone Taxes, Fees and Surcharges	\$75.12
---	----------------

TOTAL TAXES, FEES AND SURCHARGES	\$80.38
---	----------------

TOTAL NEW CHARGES	\$551.24
--------------------------	-----------------

TELEPHONE USAGE DETAILS for 225-355-2725

Intrastate Long Distance

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Mar 29					
11:16A	THIBODAUX, LA	985-446-5004	11:36	DD/D	0.0000
Total Intrastate Long Distance			11:36		\$0.00

TELEPHONE USAGE DETAILS for 225-355-2333

Intrastate Long Distance

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Apr 3					
02:46P	NEW IBERIA, LA	337-380-2658	:54	DD/D	0.0000
Total Intrastate Long Distance			:54		\$0.00

TELEPHONE USAGE DETAILS for 225-356-1101

Intrastate Long Distance

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Mar 7					
11:27A	NEWORLEA, LA	504-507-8348	:30	DD/D	0.0000
Total Intrastate Long Distance			:30		\$0.00

TELEPHONE USAGE DETAILS for 225-357-6822

Intrastate Long Distance

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Apr 3					
01:45P	LK CHARLES, LA	337-497-0034	:30	DD/D	0.0000
Total Intrastate Long Distance			:30		\$0.00

Interstate Long Distance

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Mar 12					
10:04A	HOUSTON, TX	832-294-4313	:54	DD/D	0.0000
Total Interstate Long Distance			:54		\$0.00

TELEPHONE USAGE DETAILS for 225-357-6880

Intrastate Long Distance

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Apr 3					
02:39P	RUSTON, LA	318-255-7377	:12	DD/D	0.0000
Total Intrastate Long Distance			:12		\$0.00

Interstate Long Distance

Telephone Usage Details cont.

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Mar 13					
09:19A	OKLA CITY ,OK	405-754-7744	:24	DD/D	0.0000
Mar 26					
03:19P	HOUSTON ,TX	832-294-4313	1:24	DD/D	0.0000
Mar 27					
03:28P	FOREST ,IL	708-834-3639	:06	DD/D	0.0000
03:28P	FOREST ,IL	708-834-3639	:42	DD/D	0.0000
Total Interstate Long Distance			2:36		\$0.00

TELEPHONE USAGE DETAILS for 225-359-9001

Intrastate Long Distance

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Mar 13					
09:36A	LAFAYETTE ,LA	337-983-6167	:12	DD/D	0.0000
Apr 3					
02:46P	NEW IBERIA ,LA	337-256-5913	:06	DD/D	0.0000
03:03P	NEW IBERIA ,LA	337-380-2658	:42	DD/D	0.0000
Total Intrastate Long Distance			1:00		\$0.00

Interstate Long Distance

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Mar 7					
09:43A	ATLANTA N ,GA	770-638-3444	2:24	DD/D	0.0000
Mar 12					
10:59A	ST LOUIS ,MO	314-480-3949	2:06	DD/D	0.0000
03:40P	ST LOUIS ,MO	314-480-3949	2:12	DD/D	0.0000
Mar 13					
09:10A	ST LOUIS ,MO	314-480-3949	:54	DD/D	0.0000
09:12A	ST LOUIS ,MO	314-332-2256	:48	DD/D	0.0000
09:13A	ST LOUIS ,MO	314-332-2326	:18	DD/D	0.0000
02:41P	NEW YORK ,NY	718-812-1522	:54	DD/D	0.0000
02:43P	ST LOUIS ,MO	314-332-2256	1:54	DD/D	0.0000
Mar 14					
01:31P	ATLANTA ,GA	404-901-7445	:36	DD/D	0.0000
Mar 19					
10:27A	ORLANDO ,FL	321-318-3457	2:42	DD/D	0.0000
Mar 20					
10:54A	ORLANDO ,FL	321-318-3457	:30	DD/D	0.0000
Mar 21					
09:13A	LADUE ,MO	314-569-8899	2:00	DD/D	0.0000
09:22A	ORLANDO ,FL	321-318-3457	:30	DD/D	0.0000
02:05P	HOUSTON ,TX	713-705-2443	1:24	DD/D	0.0000
Total Interstate Long Distance			19:12		\$0.00

TELEPHONE USAGE DETAILS for 855-696-2333

Interstate Toll Free

Time	Place	From Number	Min: Sec	Rate/ Time	Amt
Mar 6					
04:36P	CAMBRIDGE ,MA	617-308-8782	:12	DD/D	0.0100
Mar 14					
02:33P	CAMBRIDGE ,MA	617-308-8782	1:36	DD/D	0.0800
Total Interstate Toll Free			1:48		\$0.09

Intrastate Toll Free

Time	Place	From Number	Min: Sec	Rate/ Time	Amt
Mar 5					
10:09P	RAYVILLE ,LA	318-334-7100	:06	DD/E	0.0050
Mar 25					
09:34P	MANDEVILLE ,LA	985-789-7626	:24	DD/N	0.0200

Telephone Usage Details cont.

Total Intrastate Toll Free	:30	\$0.03
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Rate Codes

DD = Direct Dial

Time Codes

D = Day

E = Evening

N = Night/Weekend

NEWS FROM COX

Channel Change Notice: To provide you with the best TV viewing experience, on May 9, 2018, Cox will be making the following changes to our TV Lineup.

Showtime Women HD channel 1346, Showtime Family Zone HD channel 1345, Showtime 2 HD channel 1341, Showtime Next HD channel 1347, and The Movie Channel Extra HD channel 1351 will be added to the Showtime lineup. MovieMax HD channel 1324 will be added to the Cinemax lineup. Starz Encore en Español HD channel 1197 will be added to Movie Pak lineup. TVG Network channel 1248 will be added to the Sport and Information lineup. In Gramercy and Litcher, WUPL-DT2, Quest Television Network channel 124 will be added to the Starter lineup.

Channels will be available to customers who subscribe to the required TV lineup and receive their service with a compatible Cox digital receiver or CableCARD. For more information about these changes, please visit www.cox.com/channels.

Channel Change Notice: To provide you with the best TV viewing experience Cox will be making the following changes to our TV Lineup.

Cox will make changes to the channel lineup which will impact the location of High Definition (HD) channels for customers with a Contour receiver. Beginning on June 5, 2018, when an HD channel is available, the HD channel will replace the Standard Definition channel that is currently available below channel 1000. Channel positions of networks that do not have an HD version will remain unchanged. If you are a Contour DVR customer, any scheduled recordings in HD will not be affected by this change, including recording of scheduled recurring series.

The following additional lineup changes will occur on June 5, 2018: Cinelatino will move from channel 299 to channel 267. The following networks will now also be available on these channel positions for Contour TV customers: Hola TV HD on channel 299, EPIX Drive-In HD on channel 192, EPIX Hits HD on channel 191, EPIX 2 HD on channel 190, MTV Live HD on channel 770, Velocity HD on channel 769, and The Olympic Channel on channel 768.

CUSTOMER INFORMATION

Billing, Payment Policies and Fees:

Cox Business bills all customers in advance for monthly recurring charges and in arrears for non-recurring charges such as On Demand/pay-per-view and long distance. Payment in full is due to Cox by the "Due By" date indicated on your statement. If payment is not received by this date, your bill will become past due and may be subject to additional fees, such as late payment charges, electronic reactivation fees, or returned payment fees. Payment of your Cox bill confirms your subscription to services and the possession of Cox owned equipment

Customer Information cont.

listed on your bill.

When you provide a paper, electronic check or electronic fund transfer (EFT) as payment, you authorize Cox to process your payment as a traditional check transaction or to make a one-time EFT from your account. An EFT may debit your account as soon as the same day you make your payment. Payments returned unpaid for any reason will incur a returned payment fee of up to \$25.00, or the maximum allowed by state law. By using a credit card, debit card, paper check or an electronic check to make a payment, you agree that, if your payment is returned unpaid, you expressly authorize a one-time electronic fund transfer from your account for the amount of the payment plus any returned payment fees. If payment is not received by the "Due By" date indicated on your statement, a late payment charge may be assessed on your account.

Closed Captioning: If you have questions or are experiencing problems with your Closed Caption service, please contact us at the phone number on the front of this bill. If we are unable to resolve your Closed Caption concern you may contact:

W.F. Hott, Closed Captioning, Cox Communications, 6205-B Peachtree Dunwoody Rd, Atlanta, GA 30328; Phone: 888-278-6660, Email: closedcaption@cox.com.

Basic Local Telephone Service: You must pay all regulated telephone charges to avoid disconnection of basic local telephone service. If you pay less than your full monthly bill and want the partial payment applied to telephone charges first, call Cox Customer Care; otherwise, your partial payment will first be applied to any past due balance, including non-regulated charges, putting you at risk of disconnection of telephone service.

911 Services: If your modem is disconnected or moved, or its battery is not charged or otherwise fails, phone service, including access to 911 services will **not** be available. Please review the following website for additional important information about Cox's 911 practices:
<https://www.cox.com/business/phone/e911-regulatory.html>.

Louisiana Do Not Call List

To reduce unsolicited telemarketing calls, LA residential customers can now register, at no charge, for the LA "Do Not Call" program. To register, please contact the LPSC at 1-877-676-0773 or register online at <http://www.lpsc.org>. Business numbers may not be included on the list. To be included in the National "Do Not Call" registry, please contact the FTC at 1-888-382-1222 or visit www.donotcall.gov.

Businesses currently engaging or wishing to engage in telephonic solicitation of residential telephone customers in Louisiana must register annually with the Louisiana Public Service Commission (LPSC) to subscribe to the "Do Not Call" register. The register, updated quarterly, contains telephone numbers of residential customers who prefer not to be solicited. "Do Not Call" program rules and registration information may be found on the LPSC website: www.lpsc.org/donotcall, or by calling 1-877-676-0773 toll free. Fines and penalties may be imposed on telephonic solicitors who do not comply with these rules.

Billing Dispute and Resolution

If you have any questions regarding your bill or disagree with any portion of your bill, immediately contact Cox with your concerns. You must contact us no later than 60 days from the bill's due date via the contact information listed on the front of this bill so that Cox can review your account.

To dispute the outcome related to your cable service, you may file a complaint with your local franchising authority: CITY OF BATON ROUGE, PO BOX 1471, BATON ROUGE, LA 70821

Checking Your Battery is Good Business!

Cox wants you to be prepared and provides a battery inside each telephone modem (eMTA) associated with your Cox Business voice service providing 8 hours of service under normal use when the commercial power is interrupted.

Make sure you are prepared in the event of a power outage at your location:

- Remember to check the battery regularly and ensure it is charged
- If the battery needs replacing or you have any questions, call Customer Service at 1-866-272-2577
- If your service does not have a telephone modem (eMTA) similar to the one shown, you can ignore this message

To learn how, visit coxbusiness.com/batteries

Ensure your Business is Prepared
by Acting Today



COX
Business

CHASE BUSINESS


Printed from Chase for Business

Check

Telephone \$ 250.00

Front

Internet \$ 75.00

FAMILY VALUES RESOURCE INSTITUTE, INC Serving Families For Over 20 Years P.O. BOX 74403 BATON ROUGE, LA 70874 225-359-9001		CHASE JPMorgan Chase Bank, N.A. www.Chase.com 84-13/654	5028 4/17/2018
PAY TO THE ORDER OF Cox Business		\$ **551.24	SECURITY FEATURES: Double or back D
Five Hundred Fifty-One and 24/100		DOLLARS	
Cox Business P.O. Box 919243 Dallas TX. 75391-9243		AUTHORIZED SIGNATURE 	
MEMO TV, Internet, & Telephone Services			
⑆005028⑆ ⑆065400137⑆			

Back

* FEDERAL RESERVE BOARD OF GOVERNORS REG. NO. 10914		DO NOT WRITE, STAMP OR SIGN OVER THIS LINE REMITTING INSTITUTION'S MICR LINE	ENDORSE HERE
JPMORGANCHASE BK NA		PAYEE ALL	
042318	>074909962	RTS R3VD	
37689511	0919243	0000000701331795	
00997081	174		

 Post date
 Apr 23, 2018

 Check #
 5028

 Check amount
 \$551.24



Online Client Database

Proof of Payment \$455.00

Accounts

****1380

Available
BalanceTransactions

Statements

Details

Servicing

Date	Amount
05/15/2018	-\$50.00 ✓
05/15/2018	-\$50.00 ✓
05/15/2018	-\$75.00 ✓
05/15/2018	-\$50.00 ✓
05/15/2018	-\$90.00 ✓
05/15/2018	-\$90.00 ✓
05/15/2018	-\$50.00 ✓

Online Client
Database
Total

50.00 +
50.00 +
75.00 +
50.00 +
90.00 +
90.00 +
50.00 +
455.00 *



234 Mountain Forest Trail
Calera, AL 35040

Invoice

Online Client Database

DATE	INVOICE #
4/30/2018	MB-18942

BILL TO
Louisiana Alliance for Life Family Values Resource Institute, Inc. Post Office Box 74403 Baton Rouge, LA 70874

DUE DATE
5/30/2018

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		75.00	75.00
CoolFocus Text S...	CoolFocus Text Service		15.00	15.00
			Total	\$90.00
			Payments/Credits	\$0.00
			Balance Due	\$90.00

Phone #
888-746-6753

E-mail
mike@waycoolsw.com

Online Client Database

Payment sent
We sent a confirmation email.

WayCool Software, Inc.

Invoice no. MB-18942

Invoice total \$90.00

Amount paid \$90.00

Balance Due \$0.00

Date paid May 14, 2018

Payment method Checking ●●●●1380

Transaction ID aj1sn3q9

*Online Client Database - INV. # MB-18942***W HANCOCK WHITNEY**

Transactions Details

Posting Date	05/15/2018
Transaction Date	05/15/2018
Description	WAY COOL SOFTWARE
Transaction Type	Debit
Amount	\$90.00
Balance	



DATE	INVOICE #
4/30/2018	MB-19173

BILL TO

**Louisiana Alliance for Life
Woman's New Life Center-Baton Rouge
760 Colonial Dr
Baton Rouge, LA 70806**

DUE DATE
5/30/2018

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		50.00	50.00

		Total	\$50.00
		Payments/Credits	\$0.00
Phone #	E-mail	Balance Due	\$50.00

Phone #
888-746-6753

E-mail
mike@waycoolsw.com

Online Client Database

Payment sent
We sent a confirmation email.

WayCool Software, Inc.

Invoice no. MB-19173

Invoice total \$50.00

Amount paid \$50.00

Balance Due \$0.00

Date paid May 14, 2018

Payment method Checking ●●●●1380

Transaction ID aj1sn6oe

Online Client Database - INV #: MB-19173



HANCOCK WHITNEY

Transactions Details

Posting Date	05/15/2018
Transaction Date	05/15/2018
Description	WAY COOL SOFTWARE
Transaction Type	Debit
Amount	\$50.00
Balance	



234 Mountain Forest Trail
Calera, AL 35040

Online Client Database Invoice

DATE	INVOICE #
4/30/2018	MB-19094

BILL TO
Louisiana Alliance for Life Pregnancy Problem Center 4724 Jamestown Avenue Baton Rouge, LA 70808

DUE DATE
5/30/2018

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		50.00	50.00
			Total	\$50.00
			Payments/Credits	\$0.00
			Balance Due	\$50.00

Phone #
888-746-6753

E-mail
mike@waycoolsw.com

Online Client Database

Payment sent

We sent a confirmation email.

WayCool Software, Inc.

Invoice no. MB-19094

Invoice total \$50.00

Amount paid \$50.00

Balance Due \$0.00

Date paid May 14, 2018

Payment method Checking ●●●●1380

Transaction ID aj1sn7u3

Online Client Database - INV.# MB-19094



Transactions Details

Posting Date	05/15/2018
Transaction Date	05/15/2018
Description	WAY COOL SOFTWARE
Transaction Type	Debit
Amount	\$50.00
Balance	



Online Client Database Invoice

234 Mountain Forest Trail
Calera, AL 35040

DATE	INVOICE #
4/30/2018	MB-19175

BILL TO
Louisiana Alliance for Life Women's Center of Lafayette 1331 Jefferson Avenue Lafayette, LA 70501

DUE DATE
5/30/2018

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		50.00	50.00
			Total	\$50.00
			Payments/Credits	\$0.00
			Balance Due	\$50.00

Phone #
888-746-6753

E-mail
mike@waycoolsw.com

Payment sent
We sent a confirmation email.

WayCool Software, Inc.

Invoice no.MB-19175

Invoice total \$50.00

Amount paid \$50.00

Balance Due \$0.00

Date paidMay 14, 2018

Payment method Checking ●●●●1380

Transaction IDaj1sn8s2

Online Client Database - INV.# MB-19175



HANCOCK WHITNEY

Transactions Details

Posting Date	05/15/2018
Transaction Date	05/15/2018
Description	WAY COOL SOFTWARE
Transaction Type	Debit
Amount	\$50.00

Balance



Invoice

DATE	INVOICE #
4/30/2018	MB-19005

BILL TO
Louisiana Alliance for Life Life Choices of North Central Louisiana 211 West Texas Avenue Ruston, LA 71270

DUE DATE
5/30/2018

[illegible]

Phone #
888-746-6753

E-mail
mike@waycoolsw.com

Payments/Credits	\$0.00
Balance Due	\$90.00

Online Client Database ^{Page 1 of 1}

Payment sent

We sent a confirmation email.

WayCool Software, Inc.

Invoice no. MB-19005

Invoice total \$90.00

Amount paid \$90.00

Balance Due \$0.00

Date paid May 14, 2018

Payment method Checking ●●●●1380

Transaction ID aj1sn9t2

Online Client Database MB-19005



HANCOCK WHITNEY

Transactions Details

Posting Date	05/15/2018
Transaction Date	05/15/2018
Description	WAY COOL SOFTWARE
Transaction Type	Debit
Amount	\$90.00
Balance	



Invoice

DATE	INVOICE #
4/30/2018	MB-18894

BILL TO
Louisiana Alliance for Life Cenla Pregnancy Center PO Box 13907 Alexandria, LA 71315

DUE DATE
5/30/2018

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		50.00	50.00

		Total	\$50.00
		Payments/Credits	\$0.00
Phone #	E-mail	Balance Due	\$50.00

Phone #
888-746-6753

E-mail

mike@waycoolsw.com

Online Client Database

Page 1 of 1

Payment sent

We sent a confirmation email.

WayCool Software, Inc.

Invoice no. MB-18894

Invoice total \$50.00

Amount paid \$50.00

Balance Due \$0.00

Date paid May 14, 2018

Payment method Checking ●●●●1380

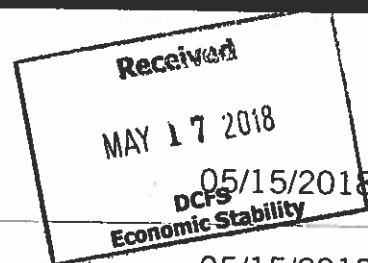
Transaction IDaj1snamw

Online Client Database MB-18894



HANCOCK WHITNEY

Transactions Details



Posting Date

Transaction Date

Description

WAY COOL SOFTWARE

Transaction Type

Debit

Amount

\$50.00

Balance



DATE	INVOICE #
4/30/2018	MB-18927

DUE DATE
5/30/2018

		Total	\$75.00
		Payments/Credits	\$0.00
Phone #	E-mail	Balance Due	\$75.00

E-mail
mike@waycoolsw.com

Online Client Database

Page 1 of 1

Payment sent
We sent a confirmation email.

WayCool Software, Inc.

Invoice no.MB-18927

Invoice total \$75.00

Amount paid \$75.00

Balance Due \$0.00

Date paidMay 14, 2018

Payment method Checking ●●●●1380

Transaction IDaj1sncdv

Online Client Database MB-18927



HANCOCK WHITNEY

Transactions Details

Posting Date	05/15/2018
Transaction Date	05/15/2018
Description	WAY COOL SOFTWARE
Transaction Type	Debit
Amount	\$75.00
Balance	

Maintenance. Janitorial 80%

Willing Mind Janitorial Service, LLC.

P. O. Box 1773

Prairieville, LA 70769

(225) 677-9839

wmjanitorial@yahoo.com

\$605.60



INVOICE

BILL TO

Barbara J. Thomas
Family values Resource
Institute, Inc.
7515 Scenic Highway
Baton Rouge, La. 70807

Maintenance

757.00 x

80% x

605.60 +

INVOICE # 2578

DATE 05/02/2018

DUE DATE 05/02/2018

TERMS Due on receipt

ACTIVITY

Services

Monthly Janitorial Service-

AMOUNT

757.00

BALANCE DUE

\$757.00

x 80%
605.60

Janitorial \$605.60





Transactions Details

Posting Date	05/07/2018
Transaction Date	05/07/2018
Description	DDA CHECK 0000001623
Transaction Type	Debit
T/C	0075
Amount	\$757.00
Balance	

Front

Back

	FAMILY VALUES RESOURCE INSTITUTE INC. DBA LOUISIANA ALLIANCE FOR LIFE PO BOX 74403 PH. 225-359-0001 BATON ROUGE, LA 70874-4403	WHITNEY BANK Member FDIC / whitneybank.com	1623 54-35424 5/3/2018
PAY TO THE ORDER OF Willing Minds Janitorial Services, LLC		\$ **757.00	Details on Back
Seven Hundred Fifty-Seven and 00/100*****		DOLLARS	
Willing Minds Janitorial Services, LLC PO Box 1773 Prairieville, LA 70769			
MEMO April Services		 AUTHORIZED SIGNATURE	
⑆001623⑆ ⑆065400153⑆			

Janitorial \$605.60



Transactions Details

Posting Date	05/07/2018
Transaction Date	05/07/2018
Description	DDA CHECK 0000001623
Transaction Type	Debit
T/C	0075
Amount	\$757.00
Balance	

Front

Back

050718 - 97090001340560 - ~~XXXXXXXXXX~~

Deposit only

\$1,646.57

Accounting / Bookkeeping \$1304.10



Transactions Details

Posting Date	04/12/2018
Transaction Date	04/12/2018
Description	PAYROLL PAYCHEX INC. 041218
Transaction Type	Debit
T/C	0036
Amount	\$1,646.57
Balance	

Latosha Isaac

Invoice

79%

Description	Amount
Bookkeeping Services Apr 16 - Apr 30	1,646.57
Total	\$1,646.57

Accounting / Bookkeeping \$1304.80



Transactions Details

Posting Date	04/27/2018
Transaction Date	04/27/2018
Description	PAYROLL PAYCHEX INC. 042718
Transaction Type	Debit
T/C	0036
Amount	\$1,646.57
Balance	

Public Relations

Resource & Fund Development, LLC

5525 Superior Drive, Ste. C2

Baton Rouge, LA 70816

Invoice

Date	Invoice #
5/7/2018	88

Bill To
FVRI 7515 Scenic Highway Baton Rouge, LA 70807

Received
MAY 17 2018
DCFS Economic Stability

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	Public Relations activities for April 2018: * Scheduled several appointments with Ashley and Michael of nola.com. * Met with Sarah on several occasions of nola.com. * Responded to emails • • • $\begin{array}{r} \text{Public Relations } 800.00 + \\ \text{Evaluator } 900.00 + \\ \hline \text{Total } 1,700.00 * \end{array}$	800.00	800.00
		Total	\$800.00

K Valuator

Resource & Fund Development, LLC

5525 Superior Drive, Ste. C2

Baton Rouge, LA 70816

Invoice

Date	Invoice #
5/7/2018	89

Bill To
FVRI 7515 Scenic Highway Baton Rouge, LA 70807

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	<p>Evaluation Activities for April 2018</p> <ul style="list-style-type: none">•Requested data from subcontractors and reminded them of deadline.•Reminded subcontractors to complete the client service forms.•Responded to subcontractors' emails.•Responded to subcontractors telephone calls.•Checked for subcontractors' data on database.•Checked for subcontractors, whose data was not on the Number of Women Who Commit to Full-Term Pregnancy, report.•Entered data on TANF database.•Called Barbara Thomas that data had been entered on TANF database.•Emailed and called Michael Ferris that data was complete and ready for approval.•Sent email to Barbara and Michael re year-to-date performance indicators, and suggestions for corrective actions.	900.00	900.00
Total			\$900.00

Public Relations \$800.00 & Evaluator \$900.00





HANCOCK WHITNEY

Transactions Details

Posting Date	05/11/2018
Transaction Date	05/11/2018
Description	DDA CHECK 0000001624
Transaction Type	Debit
T/C	0075
Amount	\$1,700.00
Balance	

Front

Back

	FAMILY VALUES RESOURCE INSTITUTE INC. DEA LOUISIANA ALLIANCE FOR LIFE PO BOX 74403 PH. 225-459-8001 BATON ROUGE, LA 70874-4403	WHITNEY BANK Member FDIC / whitneybank.com	1624 H-15984 5/9/2018
PAY TO THE ORDER OF	Resource & Fund Development, LLC	\$ 1,700.00	Details on Back
One Thousand Seven Hundred and 00/100		DOLLARS	
MEMO	Resource & Fund Development, LLC 5525 Superior Drive Suite C-2 Baton Rouge, LA 70818	1623 ↑ ⑥	Secure Features Included
0001624 00654001532		 AUTHORISED SIGNATURE	

Public Relations & Evaluator



HANCOCK WHITNEY

Transactions Details

Posting Date	05/11/2018
Transaction Date	05/11/2018
Description	DDA CHECK 0000001624
Transaction Type	Debit
T/C	0075
Amount	\$1,700.00
Balance	

Front

Back

051118 - 96190002871685 - [REDACTED]

LTD, LLC

Subcontractor Payments



HANCOCK WHITNEY

Transactions Details

Posting Date	05/14/2018
Transaction Date	05/14/2018
Description	PAYCHEX INC.
Transaction Type	Debit
Amount	\$27,400.00
Balance	

Subcontractors

Centq	→ 4,300.00 +
Crossroad	→ 2,300.00 +
Life Choices	→ 4,300.00 +
Pregnancy Probbs	→ 3,300.00 +
Woman's New Life (se)	→ 2,300.00 +
Woman's New Life (No)	→ 2,300.00 +
Womens Ctr (Lat)	→ 4,300.00 +
Woman's Help Ctr	→ 4,300.00 +
	27,400.00 *
Total	

Subcontractor Payments

0060 0060-T946 Family Values Resource Institute Inc

PAYROLL JOURNAL

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS
	DESCRIPTION	RATE	HOURS	EARNINGS			
**** 300 1099 Cenla Pregnancy...(IC) 38	1099 Misc Comp			4,300.00			Direct Deposit # 506 Check Amt 0.00 Chkg 1255 4,300.00 Net Pay 4,300.00
20	Crossroads Preg...(IC)	1099 Misc Comp		2,300.00			Direct Deposit # 507 Check Amt 0.00 Chkg 1232 2,300.00 Net Pay 2,300.00
23	Life Choices of...(IC)	1099 Misc Comp		2,300.00			Direct Deposit # 508 Check Amt 0.00 Chkg 3581 4,300.00 Net Pay 4,300.00
22	Pregnancy Probl...(IC)	1099 Misc Comp		3,300.00			Direct Deposit # 509 Check Amt 0.00 Chkg 2289 3,300.00 Net Pay 3,300.00
27	Womens Center o...(IC)	1099 Misc Comp		3,300.00			Direct Deposit # 510 Check Amt 0.00 Chkg 9749 4,300.00 Net Pay 4,300.00
26	Womens Help Center (IC)	1099 Misc Comp		4,300.00			Direct Deposit # 511 Check Amt 0.00 Chkg 8002 4,300.00 Net Pay 4,300.00
24	Womens New Life...(IC)	1099 Misc Comp		2,300.00			Direct Deposit # 512 Check Amt 0.00 Chkg 0051 4,600.00 Net Pay 4,600.00
300 1099 TOTALS	1099 Misc Comp			27,400.00			Check Amt 0.00 Dir Dep 27,400.00 Net Pay 27,400.00
7 Person(s) 7 Transaction(s)	300 1099 TOTAL			27,400.00			
COMPANY TOTALS	1099 Misc Comp			27,400.00			Check Amt 0.00 Dir Dep 27,400.00 Net Pay 27,400.00

0060 0060-T946 Family Values Resource Institute Inc
Run Date 05/09/18 02:14 PM

Period Start - End Date 04/01/18 - 04/30/18
Check Date 05/15/18

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS	
	DESCRIPTION	RATE	HOURS	EARNINGS				REIMB & OTHER PAYMENTS
	COMPANY TOTAL				27,400.00			Net Pay 27,400.00
(C) = Independent Contractor								

LOUISIANA

Alliance for Life


Monthly Report Approval

Month: APRIL 2018

CHILDREN'S CENTER			
	Points	Dollar Amount	
Client Service Points / Amount	340.5	\$4,300.00	
Client Service Reports/documentation	YES		
TOTAL Dollar Amount Paid	>>>>>	\$4,300.00	

APPROVED BY:


Michael Farris, Administrator


Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

SUBCONTRACTOR NAME	DATE	PHONE	FAX
CONTACT NAME	ADDRESS	CITY	STATE
PHONE NUMBER	E-MAIL ADDRESS		

Please submit supporting client service documentation which includes referral LA Client Service forms, Case Information forms, and LA Prenatal/Parenting Education Attendance forms for reimbursement.

ELIGIBLE SERVICES (1 point)	TOTAL ELIGIBLE CLIENTS SERVED
Pregnancy Testing	21
New clients who took a pregnancy test and commit to full-term pregnancy	15
Pregnancy Retest	1
Returning clients who retested and commit to full-term pregnancy	1
Adoption Education counseling or informational sessions	16
Male-Adoption Education	6
Abortion Prevention Education counseling or informational sessions	16
Male-Abortion Prevention Edu.	6
Abstinence Education counseling or informational sessions	13
Male-Abstinence Education	3
Parenting Information counseling or informational sessions	17
Male-Parenting Information	6

REFERRALS (1/2 POINT)	TOTAL ELIGIBLE CLIENTS SERVED	Referral Points	REFERRAL FOLLOWUP (1 POINT) TOTAL CLIENTS
1 Adoption Agency		0	
2 Adult Education/GED	4	2	4
3 Employment	6	3	4
4 Food/Clothing	14	7	11
5 Housing	2	1	1
6 Medicaid (NOT certified app. centers)	20	10	19
7 OB/GYN	19	9.5	19
8 PreMarital/Marriage Counseling	1	0.5	
9 Professional Counseling	2	1	
10 Rape Crisis Center		0	
11 Rent/Utilities	1	0.5	
12 SNAP/FITAP	10	5	9
13 STD/HIV Testing	5	2.5	3
14 WIC	14	7	15
15 Public Assistance	11	5.5	10

OTHER SERVICES (2 points)	TOTAL ELIGIBLE CLIENTS SERVED	Other Services Points
Client Parenting/Prenatal Classes (#classes x total # participants)	15	30
Male Prenatal/Parenting Classes (#classes x total # participants)	3	6
Follow Up - Pregnancy Decisions	12	24
Follow Up - Pregnancy Outcomes	5	10

TOTAL SERVICES	265	95	360
TOTAL POINTS	121	124.5	340.5

VITAMIN ANGELS INVENTORY

MUST BE COMPLETED MONTHLY

Date	5/1/2018
Beginning Inventory	22
# Clients Served	14
Amount Distributed	14
Amount Remaining	8

Services Reimbursement	
Total Monthly Points	
1-149	\$2,300
150-299	\$3,300
300 +	\$4,300

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

Subcontractor: Cenla Pregnancy Center	Services Month: April	Date: 5/1/2018
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PARENTING/PRENATAL CLASSES <i>Please attach all corresponding LAI Prenatal/Parenting Education Attendance forms (group & individual). For individual sessions, use the last column to indicate the count # of the TANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.</i>			
Date	Topic	Count # or Total # of TANF Eligible Participants	Total # Male Partner/Spouse Participants
4/2/2018	Spring Garden- Pregnancy	#12	
4/26/2018	EWYL 9.1 Postpartum Baby Blues	#4	
4/12/2018	Breastfeeding (continuation)	#26	
4/18/2018	Intro to Labor/Delivery	#26	
4/25/2018	Labor/Delivery 11.2	#26	
4/5/2018	Lesson 3.1 Pregnancy the 2nd trimester	#5	1 MP
4/19/2018	Lesson 4.1 Pregnancy and the 3rd trimester	#5	
4/26/2018	Lesson 4.2 Getting Ready for Baby	#5	
4/18/2018	Second Trimester of Pregnancy	#22	1 MP
4/25/2018	Lesson 2.3 "What is Safe" & "Understanding Baby's Cry"	#22	
4/2/2018	The First Trimester	#43	
4/23/2018	EWYL Lesson 3.1 Nutrition	#32	
4/25/2018	Lesson 3.1 The Second Trimester	#49	1 MP
4/16/2018	Pregnancy The First Trimester	#54	
4/23/2018	Lesson 1.2, Prenatal Care, Your Developing Baby	#54	
TOTALS			

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

Subcontractor: Cenla Pregnancy Center	Services Month: Apr-18	Date: 5/1/2018
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[illegible]

LOUISIANA

Alliance for Life Monthly Report Check List

Subcontractor	Date Received	Chert Services	Amount
CENLA Pregnancy Center			
Claire Lemoine 318-314-3064 (o) 318-305-7301 (c)	5/1/18	340.5	✓ \$4,300.00
Crossroads Pregnancy Resource Center			
Michele Beary 985-446-5004 (o) 985-859-9907 (c)	5/8/18	75	✓ \$2,300.00
Life Choices of North Central Louisiana			
Kathleen Richard 318-255-7377 (o) 225-237-1760 (c)	5/8/18	450	✓ \$4,300.00
Pregnancy Problem Center			
Frances Coleman 225-924-1400 (o)	4/30/18	214.5	✓ \$3,300.00
Woman's New Life Center – Baton Rouge			
Allison Millet 225-218-4862 (o) 504-301-7573 (c)	5/4/18	8	✓ \$2,300.00
Woman's New Life Center – NO			
Allison Millet 504-469-0212 (o) 504-301-7573 (c)	5/5/18	5	✓ \$2,300.00
Women's Center of Lafayette			
Michela Camel 337-289-9366 (o)	4/30/18	407	\$4,300.00
Women's Help Center			
Barbara Thomas 225-359-9001 (o) 225-324-7013 (c)	5/7/18	317	\$4,300.00
>>>APRIL 2018>>> TOTAL Dollar Amount >>>>>			\$27,400.00

LOUISIANA

Alliance for Life

Monthly Report Approval

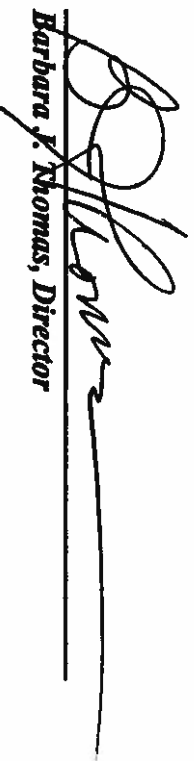
Month: APRIL 2018

Summary of the Choices of the Louisiana		
	Points	Dollar Amount
Client Service Points / Amount	450	\$4,300.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$4,300.00

APPROVED BY:



Michael Ferris, Administrator



Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	Life Choices of Roca	PROGRAM NAME:	Carroll County Health
CONTACT NAME:	Michelle Bland	PROGRAM CREATOR:	Bland
PHONE NUMBER:	337-255-7377	SERVICES MONTH:	April 2011

Please submit supporting client services documentation which includes relevant LAL client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance forms for reimbursement.

ELIGIBLE SERVICES (1 point)	TOTAL TIME Eligible Clients Served
Pregnancy Testing	22
New clients who took a pregnancy test and commit to full-term pregnancy	16
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education counseling or informational sessions	22
Male-Adoption Education	5
Abortion Prevention Education counseling or informational sessions	22
Male-Abortion Prevention Edu.	5
Abstinence Education counseling or informational sessions	22
Male-Abstinence Education	4
Parenting Information counseling or informational sessions	47
Male-Parenting Information	8

REFERRALS (1/2 Point)	TOTAL TIME Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency	1	0.5	
2 Adult Education/GED	12	6	6
3 Employment	13	6.5	7
4 Food/Clothing	23	11.5	4
5 Housing	16	8	5
6 Medicaid (NOT certified app. centers)	17	8.5	11
7 OB/GYN	21	10.5	11
8 PreMarital/Marriage Counseling	4	2	1
9 Professional Counseling	4	2	2
10 Rape Crisis Center	0	0	
11 Rent/Utilities	4	2	
12 SNAP/FITAP	4	2	
13 STD/HIV Testing	23	11.5	10
14 WIC	15	7.5	9
15 Public Assistance	23	11.5	5

OTHER SERVICES (2 points)	TOTAL TIME Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)	18	36	
Male Prenatal/Parenting Classes (#classes x total # participants)	17	34	
Follow Up - Pregnancy Decisions	10	20	
Follow Up - Pregnancy Outcomes	13	26	

TOTAL SERVICES	411		71	482
TOTAL POINTS	173	206	71	450

VITAMIN ANGELS INVENTORY

MUST BE COMPLETED MONTHLY

Date	
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services Reimbursement	
Total Monthly Points	
1 - 149	\$2,300
150 - 299	\$3,300
300 +	\$4,300

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

Subcontractor Life Choices of North	Services Month: April 2018	Date: 5/1/2018
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PARENTING/PRENATAL CLASSES			
<i>Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual). For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For</i>			
Date	Topic	Chart # or Total # of	Total #Male
4/3/18 @ 3:30	Pregnancy by Amanda Russell	2	1
4/17/18 @ 3:30	Milestone 7-12 Months by Beth Foster	2	2
4/24/18 @ 3:30	Emotionally Healthy Children - Babies and Toddlers	3	2
4/3/18 @ 6:00	Safe Sleep by La. Tech Nursing Students	3	4
4/17/18 @ 6:00	Hand Washing and Newborn Care by La. Tech Nursing Students	2	4
4/24/18 @ 6:00	Home and Car Seat Safety by La. Tech Nursing Students	6	4
TOTALS		18	17

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

Subcontractor: Life Choices of NCLA

Services Month:

18-Apr

Date:

5/8/2018

[illegible]

LOUISIANA

Alliance for Life

Monthly Report Approval

Month: APRIL 2018

Shelby County Pregnancy Resource Center		
	Points	Dollar Amount
Client Service Points / Amount	214.5	\$3,300.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$3,300.00

APPROVED BY:



Michael Ferris, Administrator



Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

SUBCONTRACTOR NAME: _____ ADDRESS: _____ PHONE NUMBER: _____	SERVICE AREA: _____ COUNTY: _____ DATE: _____
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Please submit supporting client services documentation which includes original client services records, case information forms, and all Parent/Child Learning Education Attendance papers for reimbursement.

ORIGINAL SERVICES (1 point)	Points Earned
Pregnancy Testing	12
New clients who took a pregnancy test and commit to full-term pregnancy	10
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education counseling or informational sessions	12
Male-Adoption Education	6
Abortion Prevention Education counseling or informational sessions	12
Male-Abortion Prevention Edu.	6
Abstinence Education counseling or informational sessions	12
Male-Abstinence Education	6
Parenting Information counseling or informational sessions	11
Male-Parenting Information	5

REFERRALS (1.5 points)	TOTAL TANGIBLE CLIENTS SERVED	Referral Points	REFERRAL FOLLOW-UP (1 point) TOTAL CLIENTS
1 Adoption Agency		0	
2 Adult Education/GED	1	0.5	1
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicaid (NOT certified app. centers)	11	5.5	7
7 OB/GYN	11	5.5	7
8 PreMarital/Marriage Counseling	1	0.5	
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP		0	
13 STD/HIV Testing	12	6	1
14 WIC	11	5.5	7
15 Public Assistance		0	

OTHER SERVICES (2 points)	TOTAL TANGIBLE CLIENTS SERVED	Other Services Points
Client Parenting/Prenatal Classes (#classes x total # participants)	22	44
Male Prenatal/Parenting Classes (#classes x total # participants)	6	12
Follow Up - Pregnancy Decisions	7	14
Follow Up - Pregnancy Outcomes	3	6

TOTAL SERVICES	177	23	TOTAL
TOTAL POINTS	92	99.5	214.5

VITAMIN ANGELS INVENTORY	
MUST BE COMPLETED MONTHLY	
Date	30-Apr
Beginning Inventory	39
# Clients Served	11
Amount Distributed	11
Amount Remaining	28

Services Reimbursement
Total Monthly Points
1 - 149 \$2,300
150 - 299 \$3,300
300 + \$4,300

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

Subcontractor: Family Life Federation/Pregnancy Problem	Services Month: April.2018	Date: 4/30/2018
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PARENTING/PRENATAL CLASSES			
Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual). For individual sessions, use the last column to indicate the chart # of the VANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.			
Date	Topic	Chart # or Total VANF Eligible Participants	Total # Male Partner/Spouse Participants
4/30/2018	First Years last Forever	1	1
4/10/2018	Bonding with New Born Baby 2.4	1	1
4/10/2018	First Years last Forever	1	1
4/11/2018	First Years last Forever	1	
4/12/2018	First Years last Forever	1	
4/17/2018	Going It Alone 1.4	1	
4/19/2018	Dunston Baby Language	1	
4/16/2018	First Years last Forever	1	1
4/16/2018	Smart Sex	1	1
4/17/2018	First Years last Forever	1	
4/23/2018	First Years last Forever	1	1
04/24/2018	First Years last Forever	1	
4/5/2018	Importance of Bonding with Baby 4.5	1	
04/24/2018	First Years last Forever	1	
04/09/2018	Nutrition 1.3	1	
4/3/2018	Sponge Bathing Newborn	1	
TOTALS		16	6

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

Subcontractor: Family Life Federation/Pregnancy Prob Services Month: April.2018 Date: 4/30/2018

PARENTING/PRENATAL CLASSES

Please attach all corresponding AL Prenatal/Parenting Education Attendance forms (group & individual). For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.

Date	Topic	Chart # or Total # of TANF Eligible Participants	Total # Male Partner/Spouse Participants
4/3/2018	Sponge Bathing Baby1	1	
4/9/2018	Labor 101 part 1	1	
4/23/2018	Labor 101 (11.1) part2	1	
4/30/2018	Labor 101 part 3 (11.3) and part4 (11.4)	1	
4/25/2018	First Years last Forever	1	
4/19/2018	Getting Ready For baby	1	
TOTALS		6	0

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

Subcontractor: Family Life Federation/Pregnancy Services	Month: Apr-18	Date: 4/30/2018
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[illegible]

LOUISIANA

Alliance for Life

Monthly Report Approval

Month: APRIL 2018

School 2009 Crossroads Pregnancy Resource Center		
	Points	Dollar Amount
Client Service Points / Amount	75	\$2,300.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$2,300.00

APPROVED BY:


Michael Ferris, Administrator


Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

SUBCONTRACTOR NAME	St. Mary's Pregnancy Resource Center	PROGRAM NAME	Life Support Unit - Life
CONTACT NAME	Melissa Gray	PROGRAM OPERATOR	St. Mary's CA
PHONE NUMBER	985-446-5001	SERVICES MONTH	April 2018
		DATE	5/1/2018

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Eligible Clients Served
Pregnancy Testing	2
New clients who took a pregnancy test and commit to full-term pregnancy	2
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education counseling or informational sessions	4
Male-Adoption Education	
Abortion Prevention Education counseling or informational sessions	
Male-Abortion Prevention Edu.	
Abstinence Education counseling or informational sessions	1
Male-Abstinence Education	
Parenting Information counseling or informational sessions	3
Male-Parenting Information	1

REFERRALS (1/2 Point)	Total LAL Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1/2 POINT) TOTAL CLIENTS
1 Adoption Agency	1	0.5	1
2 Adult Education/GED	1	0.5	1
3 Employment	1	0.5	1
4 Food/Clothing	3	1.5	
5 Housing	3	1.5	1
6 Medicaid (NOT certified app. centers)	3	1.5	2
7 OB/GYN	2	1	2
8 PreMarital/Marriage Counseling		0	
9 Professional Counseling	2	1	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP		0	
13 STD/HIV Testing		0	
14 WIC	3	1.5	1
15 Public Assistance	1	0.5	1

OTHER SERVICES (2 points)	Total LAL Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)	11	22	
Male Prenatal/Parenting Classes (#classes x total # participants)	7	14	
Follow Up - Pregnancy Decisions	3	6	
Follow Up - Pregnancy Outcomes		0	
TOTAL SERVICES	54	10	64
TOTAL POINTS	13	52	75

VITAMIN ANGELS INVENTORY

MUST BE COMPLETED MONTHLY

Date	4/30/2018
Beginning Inventory	112
# Clients Served	1
Amount Distributed	2
Amount Remaining	48

**** 62 discarded due to expiration date ****

Services Reimbursement	
Total Monthly Points	
1 - 149	\$2,300
150 - 299	\$3,300
300 +	\$4,300

INDIVIDUAL PARENTING/PRENATAL EDUCATION PARTICIPATION CLIENT RECORD

Submit a copy of this form with Subcontractor Monthly Services Reports for reimbursement.

Sharvise Harg

Chart#: 18-0008

[illegible]

Corrected the number of Recruting Chases
from 27 to 11

INDIVIDUAL PARENTING/PRENATAL EDUCATION PARTICIPATION CLIENT RECORD

Submit a copy of this form with Subcontractor Monthly Services Reports for reimbursement.

Chart#: 18-0012

[illegible]

Alliance for Life

INDIVIDUAL PARENTING/PRENATAL EDUCATION PARTICIPATION CLIENT RECORD

Submit a copy of this form with Subcontractor Monthly Services Reports for reimbursement.

Client's Name: Solana Bailey

Chart#: 18-0024

DATE	TOPIC	FACILITATOR	CLIENT'S INITIALS	M.P.'S INITIALS
4/26/2018	The Second Trimester Pregnancy - A-2	EWYL-B-1	S.B.	D.G.
4/26/2018	Your Changing Body - Understanding	EWYL-2.5	S.B.	D.G.
4/26/2018	Emotions of Preg.- Emotions of Pregnancy	EWYL-2.2	S.B.	D.G.
4/26/2018	Bonding with unborn Baby - Bonding & Baby	EWYL 2A	S.B.	D.G.
5/2/2018	Your Developing Baby	EWYL 1.75	S.B.	D.G.
5/2/2018	Your Unborn Baby's Secret World	EWYL 3.3	S.B.	D.G.

LOUISIANA

Alliance for Life

Monthly Report Approval

Month: APRIL 2018

Reporting Agency: <u>Women's New Life</u>		Report Folio	
		Folios	Dollar Amount
Client Service Points / Amount	8		\$2,300.00
Client Service Reports/documentation	YES		
TOTAL Dollar Amount Paid	>>>>		\$2,300.00

APPROVED BY:


Michael Ferris, Administrator


Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

Subcontractor Name	Contract Number	Contract Start Date	Contract End Date
Contract Address	Contract City	Contract State	Contract Zip
Contract Phone	Contract Fax	Contract Email	Contract Website

Please submit supporting client services documentation which includes: Client Referral Service Receipt, Client Information Form, and 1st Prenatal/Prenatal Education Attendance Form for each client.

ELIGIBLE SERVICES (1 point)	Points
Pregnancy Testing	3
New clients who took a pregnancy test and commit to full-term pregnancy	
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education counseling or informational sessions	
Male-Adoption Education	
Abortion Prevention Education counseling or informational sessions	
Male-Abortion Prevention Edu.	
Abstinence Education counseling or informational sessions	3
Male-Abstinence Education	
Parenting Information counseling or informational sessions	
Male-Parenting Information	

REFERRALS (1/2 Point)	Qualifying Client Status	Referral Points	Referral Points (1 Point)
1 Adoption Agency		0	
2 Adult Education/GED	1	0.5	
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicaid (NOT certified app. centers)	1	0.5	
7 OB/GYN	2	1	
8 PreMarital/Marriage Counseling		0	
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP		0	
13 STD/HIV Testing		0	
14 WIC		0	
15 Public Assistance		0	
OTHER SERVICES (2 points)	Total 7(A) Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)		0	
Male Prenatal/Parenting Classes (#classes x total # participants)		0	
Follow Up - Pregnancy Decisions		0	
Follow Up - Pregnancy Outcomes		0	
TOTAL SERVICES	10	0	10
TOTAL POINTS	6	2	0

VITAMIN ANGELS INVENTORY

MUST BE COMPLETED MONTHLY

Date	
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services Reimbursement	
Total Monthly Points	
1 - 149	\$2,300
150 - 299	\$3,300
300 +	\$4,300

LOUISIANA

Alliance for Life

Monthly Report Approval

Month: APRIL 2018

Louisiana Alliance for Life - New Orleans			
	Points	Dollar Amount	
Client Service Points / Amount	5	\$2,300.00	
Client Service Reports/documentation	YES		
TOTAL Dollar Amount Paid	>>>>>	\$2,300.00	

APPROVED BY:

Michael Ferris, Administrator

Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

CONTRACT NUMBER: SERVICE AREA: COUNTY: FISCAL YEAR:	REPORTING PERIOD: REPORTING MONTH: REPORTING YEAR:
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Please submit supporting client services documentation which includes adequate client service records, case information forms, and all Prenatal/Parenting Education Attendance for each client.

ELIGIBLE SERVICE (1/2 POINT)	ELIGIBLE CLIENTS SERVED
Pregnancy Testing	1
New clients who took a pregnancy test and commit to full-term pregnancy	1
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education counseling or informational sessions	
Male-Adoption Education	
Abortion Prevention Education counseling or informational sessions	
Male-Abortion Prevention Edu.	
Abstinence Education counseling or informational sessions	1
Male-Abstinence Education	
Parenting Information counseling or informational sessions	1
Male-Parenting Information	

REFERRALS (1/2 POINT)	ELIGIBLE CLIENTS SERVED	Referral Points	REFERRAL POINTS OF 1/2 POINT TOTAL CLIENTS
1 Adoption Agency		0	
2 Adult Education/GED		0	
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicaid (NOT certified app. centers)		0	
7 OB/GYN	1	0.5	
8 PreMarital/Marriage Counseling		0	
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP		0	
13 STD/HIV Testing		0	
14 WIC	1	0.5	
15 Public Assistance		0	

OTHER SERVICES (2 points)	TOTAL ELIGIBLE CLIENTS SERVED	Other Services Points
Client Parenting/Prenatal Classes (#classes x total # participants)		0
Male Prenatal/Parenting Classes (#classes x total # participants)		0
Follow Up - Pregnancy Decisions		0
Follow Up - Pregnancy Outcomes		0

TOTAL SERVICES	6	0	6
TOTAL POINTS	4	1	5

VITAMIN ANGELS INVENTORY

MUST BE COMPLETED MONTHLY

Date	
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services Reimbursement	
Total Monthly Points	
1 - 149	\$2,300
150 - 299	\$3,300
300 +	\$4,300

LOUISIANA

Alliance for Life

Monthly Report Approval

Month: APRIL 2018

Woman's Help Center		Points	Dollar Amount
Client Service Points / Amount		317	\$4,300.00
Client Service Reports/documentation	YES		
TOTAL Dollar Amount Paid		>>>>	\$4,300.00

APPROVED BY:

Michael Ferril, Administrator

Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

Agency Name: _____ Agency Address: _____ Agency Phone: _____	Agency Email: _____ Agency Fax: _____ Agency Website: _____
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This report is to be submitted monthly by the subcontractor and includes all services rendered, case information, points, and all Pregnancy/Parenting Education attendance points for all participants.

PREGNANCY SERVICES (2 points)	POINTS
Pregnancy Testing	26
New clients who took a pregnancy test and commit to full-term pregnancy	26
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
counseling or informational sessions	25
Male-Adoption Education	4
Abortion Prevention Education counseling or informational sessions	26
Male-Abortion Prevention Edu.	4
Abstinence Education counseling or informational sessions	24
Male-Abstinence Education	4
Parenting Information counseling or informational sessions	23
Male-Parenting Information	4

REFERRALS (1/2 point)	TOTAL YTD REFERRALS	Referral Points	REVENUE FOLLOW-UP (1 point) TOTAL CLIENTS
1 Adoption Agency		0	
2 Adult Education/GED		0	1
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicaid (NOT certified app. centers)		0	1
7 OB/GYN	23	11.5	16
8 PreMarital/Marriage Counseling	4	2	1
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities	1	0.5	
12 SNAP/FITAP		0	
13 STD/HIV Testing	8	4	5
14 WIC	16	8	15
15 Public Assistance		0	

OTHER SERVICES (2 points)	TOTAL YTD OTHER SERVICES	Other Services Points
Client Parenting/Prenatal Classes (#classes x total # participants)	22	44
Male Prenatal/Parenting Classes (#classes x total # participants)		0
Follow Up - Pregnancy Decisions	13	26
Follow Up - Pregnancy Outcomes	8	16

TOTAL SERVICES	261	39	300
TOTAL POINTS	166	112	317

VITAMIN ANGELS INVENTORY

MUST BE COMPLETED MONTHLY

Date	
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services Reimbursement	
Total Monthly Points	
1 - 149	\$2,300
150 - 299	\$3,300
300 +	\$4,300

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

Subcontractor: Women's Help Center

Services Month: April 2018

Date: 5/7/2018

PARENTING/PRENATAL CLASSES

Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual). For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.

Date	Topic	Chart # or Total Not TANF Eligible Participants	Total # Male Partner/Spouse Participants
4/9/2018	Your Healthy 9.2	17-12595	
4/9/2018	Breast Feeding 10.1	17-12595	
4/18/2018	PostPartum Parent 9.1	17-12595	
4/10/2018	Second Trimester 1.1	18-12630	
4/18/2018	Prenatal Care 1.2	18-12630	
4/18/2018	Eating for What's Not 2.3	18-12630	
4/25/2018	What's SafeWhat's Not 2.3	18-12630	
4/25/2018	Your Developing Baby 1.5	18-12630	
4/25/2018	Your Changing Baby 2.5	18-12630	
4/4/2018	Prenatal Care 1.2	18-12645	
4/4/2018	Eating for Two 1.3	18-12645	
4/25/2018	What's SafeWhat's Not 2.3	18-12645	
4/25/2018	Your Developing Baby 1.5	18-12645	
4/25/2018	Your Changing Body 2.5	18-12645	
4/17/2018	Third Trimester 4.1	17-12585	
4/24/2018	The First Trimester 1.1	15-11777	
TOTALS			

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

Subcontractor: Women's Help Center	Services Month: April 2018	Date: 5/7/2018
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PARENTING/PRENATAL CLASSES

Please attach all corresponding LAI Prenatal/Parenting Education attendance forms (group & individual). For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.

Date	Topic	Chart # or Total for TANF eligible Participants	Total # Male Partner/Spouse Participants
4/3/2018	Labor 11.1	18-12631	
4/3/2018	Labor 11.2	18-12631	
4/3/2018	Labor 11.3	18-12631	
4/3/2018	Your Healthy Baby 9.2	18-12631	
4/3/2018	Breast Feeding 10.1	18-12631	
4/3/2018	Postpartum from Pregnancy 9.1	18-12631	
TOTALS			

LOUISIANA

Alliance for Life

Monthly Report Approval

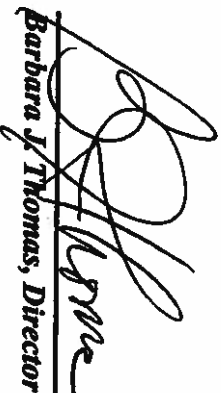
Month: APRIL 2018

		Points	Dollar Amount
Client Service Points / Amount		407	\$4,300.00
Client Service Reports/documentation	YES		
TOTAL Dollar Amount Paid	>>>>		\$4,300.00

APPROVED BY:



Michael Kerris, Administrator



Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

Agency Name: _____ Agency Address: _____ Agency Phone: _____	Agency Email: _____ Agency Website: _____ Agency Fax: _____
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Please attach supporting client services documentation which includes relevant and client service records, case information forms, and all Prenatal/Parenting Education Attendance Forms for reimbursement.

Primary Services (1 point)	Total # of Clients Served
Pregnancy Testing	40
New clients who took a pregnancy test and commit to full-term pregnancy	30
Pregnancy Retest	0
Returning clients who retested and commit to full-term pregnancy	0
Adoption Education counseling or informational sessions	28
Male-Adoption Education	8
Abortion Prevention Education counseling or informational sessions	3
Male-Abortion Prevention Edu.	0
Abstinence Education counseling or informational sessions	33
Male-Abstinence Education	9
Parenting Information counseling or informational sessions	30
Male-Parenting Information	8

Referrals (1/2 Point)	Total # of Clients Served	Referral Points	Referral Follow Up (1 Point) Total Clients
1 Adoption Agency	2	1	
2 Adult Education/GED	0	0	
3 Employment	0	0	
4 Food/Clothing	15	7.5	13
5 Housing	6	3	3
6 Medicaid (NOT certified opp. centers)	18	9	1
7 OB/GYN	31	15.5	2
8 PreMarital/Marriage Counseling	4	2	
9 Professional Counseling	8	4	
10 Rape Crisis Center	0	0	
11 Rent/Utilities	0	0	
12 SNAP/FITAP	13	6.5	
13 STD/HIV Testing	34	17	
14 WIC	27	13.5	
15 Public Assistance	0	0	

Other Services (2 points)	Total # of Clients Served	Other Services Points
Client Parenting/Prenatal Classes (#classes x total # participants)	15	30
Male Prenatal/Parenting Classes (#classes x total # participants)	1	2
Follow Up - Pregnancy Decisions	28	56
Follow Up - Pregnancy Outcomes	16	32
TOTAL SERVICES	407	19
TOTAL POINTS	189	199

TOTAL	426
TOTAL	407

VITAMIN ANGELS INVENTORY	
MUST BE COMPLETED MONTHLY	
Date	4/30/2018
Beginning Inventory	118
# Clients Served	40
Amount Distributed	39
Amount Remaining	79

Services Reimbursement	
Total Monthly Points	
1-149	\$2,300
150-299	\$3,300
300+	\$4,300

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

Subcontractor: The Women's Center of Lafayette	Services Month: April.2018	Date: April 30 2018
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PARENTING/PRENATAL CLASSES

*Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual)
For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.*

Date	Topic	Chart # or Total for TANF eligible Participants	Total # Male Partner/spouse Participants
4/6/2018	Child Support	15	1
TOTALS		15	1

LOUISIANA

Alliance for Life

April 2018
child support

PRENATAL/PARENTING EDUCATION ATTENDANCE FORM

This form is to be completed and/or verified by the participant. Keep original of this form in a safe place. Bring this form along with LAL Educational Workshops Tracking Form & TANF Affidavit to the prenatal parenting education class. Submit a copy of this form with Subsequent Support Services Report for reimbursement.

Date	TANF Eligible Client Signature	Chart #	Male Partner/Spouse Signature
11-6-18	Charles P. P. P.	2018-04-12	
4-16-18	A. C. Maturin	2018-03-28	
	Shakey Darby	delivered	
	Maxine Michael	2018-03-28	
	Arionna S. S. S.	2017-10-27	Michael C. C. C.
	Judith Mitchell	delivered	
	Kymbaly S. S. S.	2018-04-07	
	Spence D. D. D.	2018-02-26	
	Lisa Bob	delivered	
	Leatha Scott	delivered	
	Rebecca Taylor	2017-12-12	
	Brittany Perron	delivered	
	ATUNDAH J. J.	2017-12-13	
	Modupe Olayinka	2017-10-42	
	Chwabaka A. A.	Guest	

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

Subcontractor: The Women's Center of Laf.	Services Month: Apr-18	Date: April 30 2018
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[illegible]

PAYCHEX**NOTICE OF AUTOMATIC PAYMENT**

Paychex of New York LLC
 4324 South Sherwood Forest Blvd Suite 125
 Baton Rouge LA 70816

Client # 0060 0060-T846
 Invoice # 2018042600

AUTOMATIC PAYMENT \$254.28**ADDRESS SERVICE REQUESTED:**

0060 0060-T846
 Family Values Resource Institute Inc
 Institute Inc
 Po Box 74403
 Baton Rouge, Louisiana 70874-4403

This amount will be deducted from the
 following bank account at or after 12:01 A.M.
 on 5/10/18.

XXXX0000

Electronic Payroll Transaction Fees
\$95.97

For questions regarding your account, please call (225) 291-7773

Page 1 of 1

ACCOUNT SUMMARY				AMOUNT
Previous Balance on Invoice#2018032900 Due 04/10/18				204.72
Payment Received - Thank You				-204.72
Balance Forward				0.00
Total New Charges				254.28
Account Balance (Includes Balance Forward, New Charges, and Pending Automatic Payments)				254.28

CHECK DATE	DESCRIPTION OF SERVICE	PROCESSING DATE	# TRANSACTIONS	AMOUNT
NEW CHARGES				
04/12/18	Payroll/Taxpay®	04/10/18	7	67.66
04/13/18	Payroll/Taxpay®	04/10/18	8	66.26
	Direct Deposit		9	21.55
04/30/18	Payroll/Taxpay®	04/24/18	8	66.26
	Direct Deposit		9	21.55
Quarter End/Year End Delivery & Handling				11.00
Total New Charges				254.28
Automatic Payment (Includes New Charges and applicable credits from Balance Forward above)				254.28
Payroll/Taxpay Includes: Payroll Processing, Extra Payroll Reports				

PRICE INCREASE NOTIFICATION

Your May Paychex invoice may include a nominal price increase. The specific amount depends on your combination of services. Please feel free to contact your Client Service Representative with any questions. We appreciate the opportunity to serve your business.

Thank you for choosing Paychex.

0060 0060-T846 Family Values Resource Institute Inc

Invoice Date: 04/26/18

Billing Period: 03/30/18 to 04/26/18

Invoice# 2018042600

Payroll by Paychex, Inc.

940009

Electronic Payroll Transaction Fees \$ 95.97



HANCOCK WHITNEY

Transactions Details

Posting Date	05/10/2018
Transaction Date	05/10/2018
Description	INVOICE PAYCHEX EIB 051018
Transaction Type	Debit
T/C	0036
Amount	\$254.28
Balance	